

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004662

FILED
Apr 07, 2006
Secretary of State

Entity Name: THE ROCK MINISTRIES - CRAWFORDVILLE, FLORIDA, INC.

Current Principal Place of Business:

47 SHADY SEA STREET
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

20 UNIVERSAL DRIVE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

47 SHADY SEA STREET
CRAWFORDVILLE, FL 32327

New Mailing Address:

P.O. BOX 655
CRAWFORDVILLE, FL 32326

FEI Number: 59-3657666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESLEY, PAMELA C
20 UNIVERSAL DRIVE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: FEDA, SUE
Address: 40 QUAPAW ST
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: MOLTON, LESTER
Address: 4536 SPRING HILL HIGHWAY
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: LESLEY, CALBERT
Address: 20 UNIVERSAL DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DT () Delete
Name: LESLEY, PAMELA
Address: 20 UNIVERSAL DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: MOLTON, VALERIE
Address: 4536 SPRING HILL HIGHWAY
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA C. LESLEY

DT

04/07/2006

Electronic Signature of Signing Officer or Director

Date