

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Oct 23, 2008 8:00 A.M.**  
**Secretary of State**

DOCUMENT # N01000004372

1. Entity Name  
THE ROCK OF CENTRAL FLORIDA, INC.



Principal Place of Business  
6641 W. SR 46  
SANFORD, FL 32771

Mailing Address  
6641 W. SR 46  
SANFORD, FL 32771



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
03-0435200

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, STEVEN L  
35617 PANTHER RIDGE ROAD  
EUSTIS, FL 32736

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME PARKER, STEVE  
STREET ADDRESS 35617 PANTHER RIDGE ROAD  
CITY-ST-ZIP EUSTIS, FL 32736

TITLE ☐ Change ☐ Addition  
NAME 100137212941  
STREET ADDRESS 10/23/08--01031--009 \*\*\$1.25  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME WEICHART, THOMAS  
STREET ADDRESS 30118 CHEVAL STREET  
CITY-ST-ZIP MT. DORA, FL 32757

TITLE ☐ Change ☐ Addition  
NAME   
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME AINSWORTH, ARIEL C  
STREET ADDRESS 2091 ETHAN ALLEN HWY.  
CITY-ST-ZIP FAIRFAX, VT 05454

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MURNER, LESLIE T  
STREET ADDRESS 1473 LIBERTY AVENUE  
CITY-ST-ZIP TONTITOWN, AR 72770

TITLE D ☒ Change ☐ Addition  
NAME MURNER, LESLEY T.  
STREET ADDRESS 1473 LIBERTY AVENUE  
CITY-ST-ZIP TONTITOWN, AR 72770

TITLE VP ☐ Delete  
NAME PARKER, KIMBERLY K  
STREET ADDRESS 35617 PANTHER RIDGE ROAD  
CITY-ST-ZIP EUSTIS, FL 32736

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME SCHNEIDER, JAMES  
STREET ADDRESS 15 SPELLMAN TERRACE  
CITY-ST-ZIP RUTLAND, VT 05701

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVEN PARKER

10/17/08

407 688 2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #