

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90007 025 ****61.25

DOCUMENT # N01000008519 1. Entity Name THE ROCK MINISTRIES, INCORPORATIONS					
Principal Place of Business 857 SE FIRST ST BELLE GLADE, FL 33430			Mailing Address PO BOX 75 BELLE GLADE, FL 33430-0075		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 75			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Belle Glade		4. FEI Number 03-0413083	
Zip		Country FLA. 33430 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUTTLING, NETTIE 857 SE FIRST ST BELLE GLADE, FL 33430			7. Name and Address of New Registered Agent 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: <u><i>Nettie Truttling Pastor</i></u> 8-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D TRUTTLING, NETTIE 857 S.E. 1ST ST. BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAVIER TEJADA P.O. Box 294 Belle Glade, FLA. 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENLAND, DASIE M 5 LAKE SIDE CIRCLE PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVIA P. HINOJOSA 841 N.E. 31st St Belle Glade, FLA. 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, MICHAEL 12195 BRISBANE LANE WELLINGTON, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Michelle Powell 12195 Brisbane Lane Wellington, FLA. 33415 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, LEE 12195 BRISBANE LANE WELLINGTON, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jessie Puente 841 N.E. 31st St. Belle Glade, FLA. 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, DARRIN 801 34TH ST WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shirley Brown P.O. Box 488 South Bay, FLA. 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, LATIG 650 D COVERNANT DRIVE BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Nettie Truttling</i></u> 8-15-07 561-449-6234 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					