

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000716

FILED  
Mar 30, 2006  
Secretary of State

**Entity Name:** FOUNDATION OF ROCK MINISTRIES, INC.

**Current Principal Place of Business:**

2533 PINE SUMMIT DR E  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

2533 PINE SUMMIT DR E  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 48-1299308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POLLACKOV, TRACEY  
2533 PINE SUMMIT DR E  
JACKSONVILLE, FL 32211 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: P ( ) Delete  
Name: POLLACKOV, WILLIAM  
Address: 2533 PINE SUMMIT DR E  
City-St-Zip: JACKSONVILLE, FL 32211

Title: T ( ) Delete  
Name: POLLACKOV, TRACEY  
Address: 2533 PINE SUMMIT DR E  
City-St-Zip: JACKSONVILLE, FL 32211

Title: S ( ) Delete  
Name: ROY, JOSEPH M  
Address: 10615 GILFORD CREST DR  
City-St-Zip: SPRING, TX 77379

Title: OFCR ( ) Delete  
Name: ROY, MARCIE  
Address: 10615 GILFORD CREST DR  
City-St-Zip: SPRING, TX 77379

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: OFCR ( ) Change (X) Addition  
Name: SNEAD, JAMES D  
Address: 8532 VERMANTH RD.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: OFCR ( ) Change (X) Addition  
Name: SNEAD, JENNIFER  
Address: 8532 VERMANTH RD.  
City-St-Zip: JACKSONVILLE, FL 32211

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: TRACEY L. POLLACKOV

T

03/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date