


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006158 1. Entity Name UPON THIS ROCK FAITH MINISTRIES, INC.	
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Principal Place of Business 22205 SW 112 CT GOULDS, FL 33170	Mailing Address 22205 SW 112 CT GOULDS, FL 33170
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 06-1700342	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLAKE, MARGARET W 22205 SW 112 CT GOULDS, FL 33170	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAKE, MARGARET W 22205 SW 112 CT GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONALD, CAROLINE R 2035 NW 41 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMMONS, ALLENE R 19811 SW 119 AVE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAMMONS, LAWRENCE JR 19811 SW 119 AVE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OE WILSON, MORRIS J SR 22205 SW 112 CT GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TILGHMAN, BARBARA A 22205 SW 112 CT GOULDS, FL 33170

U00000299170
04/11/05-80098-003 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Margaret W. Blake</u> / MARGARET W. BLAKE	Date <u>4/4/05</u>	Daytime Phone # <u>(305) 893-9729</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		