2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006158

1. Entity Name
UPON THIS ROCK FAITH MINISTRIES, INC.

Principal Place of Business	Mailing Address
22205 SW 112 CT GOULDS, FL 33170	22205 SW 112 CT GOULDS, FL 33170

DO NOT WRITE IN THIS SPACE

03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
06-1700342
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLAKE, MARGARET W
22205 SW 112 CT
GOULDS, FL 33170

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000477863
04/07/06-60001-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLAKE, MARGARET W
STREET ADDRESS	22205 SW 112 CT
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	V
NAME	MCDONALD, CAROLINE R
STREET ADDRESS	2035 NW 41 ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	S
NAME	GAMMONS, ALLENE R
STREET ADDRESS	19811 SW 119 AVE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	T
NAME	GAMMONS, LAWRENCE JR
STREET ADDRESS	19811 SW 119 AVE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	OE
NAME	WILSON, MORRIS J SR
STREET ADDRESS	22205 SW 112 CT
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	T
NAME	TILGHMAN, BARBARA A
STREET ADDRESS	22205 SW 112 CT
CITY-ST-ZIP	GOULDS, FL 33170

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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: Margaret W Blake MARGARET W. BLAKE March 20 06 (786)277-0521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #