

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006158

FILED
Feb 12, 2009
Secretary of State

Entity Name: UPON THIS ROCK FAITH MINISTRIES, INC.

Current Principal Place of Business:

22205 SW 112 CT
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

22205 SW 112 CT
GOULDS, FL 33170

New Mailing Address:

FEI Number: 06-1700342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAKE, MARGARET W
22205 SW 112 CT
GOULDS, FL 33170 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: BLAKE, MARGARET W
Address: 22205 SW 112 CT
City-St-Zip: GOULDS, FL 33170

Title: V () Delete
Name: MCDONALD, CAROLINE R
Address: 2035 NW 41 ST
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: GAMMONS, ALLENE R
Address: 19811 SW 119 AVE
City-St-Zip: MIAMI, FL 33177

Title: T () Delete
Name: GAMMONS, LAWRENCE JR
Address: 19811 SW 119 AVE
City-St-Zip: MIAMI, FL 33177

Title: OE () Delete
Name: WILSON, MORRIS J SR
Address: 22205 SW 112 CT
City-St-Zip: GOULDS, FL 33170

Title: T () Delete
Name: TILGHMAN, BARBARA A
Address: 22205 SW 112 CT
City-St-Zip: GOULDS, FL 33170

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET W. BLAKE

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date