

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006158

FILED  
Feb 26, 2010  
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  
Name: BLAKE, MARGARET W  
Address: 22205 SW 112 CT  
City-St-Zip: GOULDS, FL 33170

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

Title: S  
Name: GAMMONS, ALLENE R  
Address: 22205 SW 112 CT  
City-St-Zip: GOULDS, FL 33170

Title: T  
Name: WILSON, MORRIS J JR  
Address: 22205 SW 112 CT  
City-St-Zip: GOULDS, FL 33170

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARGARET W. BLAKE

P

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date