2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Apr 19, 2006 8:00 am Secretary of State DOCUMENT # N03000006647 04-19-2006 90106 020 ****70.00 MIAMI CHURCH ON THE ROCK, INC. Principal Place of Business Mailing Address 15458 S.W. 138TH TERRACE 50013657 13255 S.W. 137 AVE SUITE 117 MIAMI, FL 33196 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address 5W 95 AVE 1620\$ Suite, Apt. #, etc. Suite, Apt. #, etc. 03242006 Chg-NP CR2E037 (11/05) 109 109 City & State City & State Applied For 4. FEI Number 55-0840973 MIAMI Miaml Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 331*5*7 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANFIELD, LINCOLN Street Address (P.O. Box Number is Not Acceptable) 15458 S.W. 138TH TERRACE MIAMI, FL 33196 City Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE ☐ Delete TITLE ☐ Change Addition BANFIELD, LINCOLN NAME NAME STREET ADDRESS 15458 S.W. 138TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CHY-ST-7IP D TITLE Delete ITTLE ☐ Change **Addition** JULIET WIGGS 2126 NE 40# RD BRIGGS, DEBRA NAME NAME 11930 S.W. 272ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33032 CITY-ST-ZIP HOMESTEAD TITLE 🗷 Delete TITLE ☐ Change X Addition BROWN, DELROY NAME NAME JANET NARING 14724 SW 173 TERRALO STREET ADDRESS 13335 S.W. 122ND AVENUE STREET ADDRESS CITY-ST-7IP MIAMI, FL 33186 CITY-ST-ZIP , FL 33187 MIAMI TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED