## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011021

FILED Apr 01, 2007 Secretary of State

Entity Name: THE ROCK OF JACOB EVANGELICAL MISSION, INC.

Current Principal Place of Business: New Principal Place of Business:

1420 SE FLORESTA DR PORT ST LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

1420 SE FLORESTA DR PORT ST LUCIE, FL 34983

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZIDOR, BRENORD 1420 SE FLORESTA DR PORT ST LUCIE, FL 34983 US

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:

Flateric Circulate of Decident Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name:ZIDOR, BRENORDName:ZIDOR, BRENORDAddress:2770 SOUTHEAST FAIRMONT STREET PLAZAAddress:1420 SE FLORESTA DRCity-St-Zip:STUART, FL 34997City-St-Zip:PORT SAINT LUCIE, FL 34983

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: ZIDOR, LENORD Name: ZIDOR, LENORD
Address: 2770 SOUTHEAST FAIRMONT STREET PLAZA Address: 1420 SE FLORESTA DR

City-St-Zip: STUART, FL 34997 City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SD () Delete Title: SD (X) Change () Addition Name: PIERRE-LOUIS, SERAPHIN EVELINE PIERRE-LOUIS, SERAPHIN EVELINE

Name: PIERRE-LOUIS, SERAPHIN EVELINE Name: PIERRE-LOUIS, SERAPHIN EVELINE Address: 2770 SOUTHEAST FAIRMONT STREET PLAZA Address: 1420 SE FLORESTA DR

City-St-Zip: STUART, FL 34997 City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD () Delete Title: TD (X) Change () Addition

Name:BLANC, DELVAName:JEAN-LAURENT, JOCELYNAddress:2770 SOUTHEAST FAIRMONT STREET PLAZAAddress:1420 SE FLORESTA DRCity-St-Zip:STUART, FL 34997City-St-Zip:PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENORD ZIDOR PD 04/01/2007