


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000011541	
1. Entity Name THE ROCK COMMUNITY CHURCH, INC.	

Principal Place of Business 210 E HIGHLAND DR STE 3 LAKELAND, FL 33813	Mailing Address 210 E HIGHLAND DR STE 3 LAKELAND, FL 33813
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01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 81-0659688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, MONTY
919 HOLLINGSWORTH DR
LAKELAND, FL 33801**

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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 *Monty Davis* *MONTY DAVIS, President* *1/22/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	DAVIS, MONTY
NAME	919 HOLLINGSWORTH DR
STREET ADDRESS	LAKELAND, FL 33801
CITY-ST-ZIP	
TITLE VP	DAVIS, KIM
NAME	919 HOLLINGSWORTH DR
STREET ADDRESS	LAKELAND, FL 33801
CITY-ST-ZIP	
TITLE S	ADAMS, JILL
NAME	6002 MOUNTAIN LAKE DR
STREET ADDRESS	LAKELAND, FL 33813
CITY-ST-ZIP	
TITLE T	WOODROW, KRAIG
NAME	5405 ORANGE VALLEY DR
STREET ADDRESS	LAKELAND, FL 33813
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80044-015 70.00

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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: *Jill H. Adams* *Jill H. Adams, Secretary* *1/22/07* *863-607-6373*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #