2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2006
Secretary of State

DOCUMENT# N04000011691

Entity Name: ZION'S ROCK MINISTRY INC

Current Principal Place of Business:

526 SHADY PINE WAY
APT B-1
GREENACRES, FL 33415

New Principal Place of Business:

2930 OKEECHOBEE BLVD
203
WEST PALM BEACH, FL 33409

Current Mailing Address:

526 SHADY PINE WAY
APT B-1
GREENACRES, FL 33415

New Mailing Address:

2930 OKEECHOBEE BLVD
203
WEST PALM BEACH, FL 33409

FEI Number: 20-2014998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWIS, USHAE M
526 SHADY PINE WAY APT
B-1
GREENACRES, FL 33415 US

Name and Address of New Registered Agent:

LEWIS, USHAE M
14440 KEY LIME BVD
LOXAHATCHEE, FL 33409 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: USHAE LEWIS 05/21/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEWIS, USHAE M
Address: 526 SHADY PINE WAY APT B-1
City-St-Zip: GREENACRES, FL 33415

Title: VP ( ) Delete
Name: LEWIS, LINCOLN L
Address: 526 SHADY PINE WAY APT B-1
City-St-Zip: GREENACRES, FL 33415

Title: T ( ) Delete
Name: DENNIS, DASHAWN A
Address: 526 SHADY PINE WAY APT B-1
City-St-Zip: GREENACES, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEWIS, USHAE M
Address: 14440
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP (X) Change ( ) Addition
Name: LEWIS, LINCOLN L
Address: 14440 KEY LIME BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T (X) Change ( ) Addition
Name: DENNIS, DASHAWN A
Address: 14440 KEY LIME BLVD
City-St-Zip: LOXAHATCHEE, FL 33409

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: USHAE LEWIS P 05/21/2006
Electronic Signature of Signing Officer or Director Date