

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000577

FILED
Mar 03, 2009
Secretary of State

Entity Name: THE ROCK CHRISTIAN FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

KING'S INN BANQUET CENTER
8016 ARLINGTON EXPY
JACKSONVILLE, FL 32211

New Principal Place of Business:

8151 ODEN AVE
JACKSONVILLE, FL 322169238

Current Mailing Address:

PO BOX 8211
JACKSONVILLE, FL 322398211

New Mailing Address:

8151 ODEN AVE
JACKSONVILLE, FL 322169238

FEI Number: 57-1217431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, WAYNE S
2568 GREEN SPRING DR
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

HOWARD, WAYNE S PASTOR
8151 ODEN AVE
JACKSONVILLE, FL 32216 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: NATALIE A. HOWARD

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOWARD, WAYNE S
Address: 2568 GREEN SPRING DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: AP () Delete
Name: HOWARD, NATALIE A
Address: 2568 GREEN SPRING DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: C (X) Delete
Name: HOWARD, MCKINLEY SR
Address: 5445 MATANZAS WAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: C (X) Delete
Name: MORRIS, JAMES M
Address: 1811 ROGERO RD APT 304
City-St-Zip: JACKSONVILLE, FL 32211

Title: C (X) Delete
Name: WILLIAMS, MARY N
Address: 2568 GREEN SPRING DR
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOWARD, WAYNE S PASTOR
Address: 8151 ODEN AVE
City-St-Zip: JACKSONVILLE, FL 322169238

Title: AP (X) Change () Addition
Name: HOWARD, NATALIE A ADMN
Address: 8151 ODEN AVE
City-St-Zip: JACKSONVILLE, FL 322169238

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NATALIE A. HOWARD

ADMN

03/03/2009

Electronic Signature of Signing Officer or Director

Date