

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90008 027 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N05000003760</b><br>1. Entity Name<br>ROCK BLUFF ASSEMBLY OF GOD, INC.   |   |   |  |   |  |
| Principal Place of Business<br>14942 NW PHILLIPS ROAD<br>BRISTOL, FL 32321   |   |   | Mailing Address<br>14942 NW PHILLIPS ROAD<br>BRISTOL, FL 32321 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>WEBB, CLINTON<br>7474 OLD US 90 LANE<br>SNEADS, FL 32460  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>   |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>TAYLOR, MITCHELL<br>14942 NW PHILLIPS ROAD<br>BRISTOL, FL 32321 <div style="text-align: right;"><input type="checkbox"/> Delete</div>              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TS<br>DONAHUE, PATRICIA<br>14942 NW PHILLIPS ROAD<br>BRISTOL, FL 32321 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | TS<br>Winifred L. Phillips<br>14942 NW Phillips Road<br>Bristol, FL 32321 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DONAHUE, MICHAEL<br>14942 NW PHILLIPS ROAD<br>BRISTOL, FL 32321 <div style="text-align: right;"><input type="checkbox"/> Delete</div>              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WEBB, CLINTON<br>14942 NW PHILLIPS ROAD<br>BRISTOL, FL 32321 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WOMBLE, CURTIS<br>14942 NW PHILLIPS ROAD<br>BRISTOL, FL 32321 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <u>Clinton H. Webb</u> <b>Clinton Webb, Director</b> 4/1/07 850-593-6517<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |   |  |

40048773



04012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2535030

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**