



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000003760</b> 1. Entity Name ROCK BLUFF ASSEMBLY OF GOD, INC.	
--	---

Principal Place of Business 14942 NW PHILLIPS ROAD BRISTOL, FL 32321	Mailing Address 14942 NW PHILLIPS ROAD BRISTOL, FL 32321
--	--

**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2535030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WEBB, CLINTON 7474 OLD US 90 LANE SNEADS, FL 32460	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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.

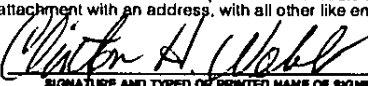
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000898960 04/28/08 00010-015-61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, MITCHELL 14942 NW PHILLIPS ROAD BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PHILLIPS, WINIFRED L 14942 NW PHILLIPS ROAD BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, MICHAEL 14942 NW PHILLIPS ROAD BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, CLINTON 14942 NW PHILLIPS ROAD BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOMBLE, CURTIS 14942 NW PHILLIPS ROAD BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **Clinton Webb** 4/14/08 850-593-6517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #