

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05311

FILED
Mar 26, 2007
Secretary of State

Entity Name: ROCK MINISTRIES, CHURCH, INC.

Current Principal Place of Business:

603 PADUA CT
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

603 PADUA CT
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 59-2481514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONOKIAN, DR. CLAIRIE
603 PADUA CT
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: MONOKIAN, MICHAEL
Address: 603 PADUA CT
City-St-Zip: NOKOMIS, FL 34275

Title: P () Delete
Name: MONOKIAN, CLAIRIE DR.
Address: 603 PADUA CT
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: RAMSARAN, GEORGE DR
Address: 10023 COWLEY COVE DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: MILLER, RODNEY
Address: 2575 RANCH CLUB BLVD.
City-St-Zip: MYAKKA CITY, FL 34251

Title: D () Delete
Name: MILLER, FRANK
Address: 3401 14 ST WEST
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: COLLINGWOOD, BELINDA
Address: P.O. BOX 25056
City-St-Zip: SARASOTA, FL 34277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: DR. CLAIRIE MONOKIAN

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03/26/2007

Electronic Signature of Signing Officer or Director

Date