

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05311

FILED  
Feb 10, 2008  
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:

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

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: DR. CLAIRIE MONOKIAN

P

02/10/2008

Electronic Signature of Signing Officer or Director

Date