2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000012801

1. Entity Name
ON THIS ROCK COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
32436 CRYSTAL BREEZE LANE LEESBURG, FL 34788	32436 CRYSTAL BREEZE LANE LEESBURG, FL 34788

03072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
51-0618363
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FISCHER, JUDY P
32436 CRYSTAL BREEZE LANE
LEESBURG, FL 34788

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	GRAHAM, MARY L
STREET ADDRESS	14803 LAKE YALE RD
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	VP
NAME	FISCHER, JUDY P
STREET ADDRESS	32436 CRYSTAL BREEZE LANE
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	S/T
NAME	SHAFER, PAULA J
STREET ADDRESS	2453 S. GROVE ST.
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/08-80028-021 61.25

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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 Paula Shafer Paula Shafer / Treasurer / 4/21/08 352-589-1358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #