

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012801

FILED
Apr 29, 2009
Secretary of State

Entity Name: ON THIS ROCK COMMUNICATIONS, INC.

Current Principal Place of Business:

32436 CRYSTAL BREEZE LANE
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

PO BOX 895153
LEESBURG, FL 34789

New Mailing Address:

FEI Number: 51-0618363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, JUDY P
32436 CRYSTAL BREEZE LANE
LEESBURG, FL 34788 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: P () Delete
Name: GRAHAM, MARY L
Address: 14803 LAKE YALE RD
City-St-Zip: UMATILLA, FL 32784

Title: VP () Delete
Name: FISCHER, JUDY P
Address: 32436 CRYSTAL BREEZE LANE
City-St-Zip: LEESBURG, FL 34788

Title: S/T () Delete
Name: SHAFER, PAULA J
Address: 2453 S. GROVE ST.
City-St-Zip: EUSTIS, FL 32726

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:

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: JUDY FISCHER

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date