

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010492

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** FOUNDATION OF ROCK MINISTRIES, INC

**Current Principal Place of Business:**

2533 E PINE SUMMIT DRIVE  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

2533 E PINE SUMMIT DRIVE  
JACKSONVILLE, FL 32211

**New Mailing Address:**

FEI Number: 11-3828986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLLACKOV, TRACEY L  
2533 E PINE SUMMIT DR  
JACKSONVILLE, FL 32211 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  
Name: POLLACKOV, WILLIAM N  
Address: 2533 E PINE SUMMIT DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: TREA  
Name: POLLACKOV, TRACEY L  
Address: 2533 E PINE SUMMIT DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: S  
Name: ROY, MARCIE R  
Address: 2533 E PINE SUMMIT DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP  
Name: ROY, JOSEPH M  
Address: 2533 E PINE SUMMIT DR  
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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 all other like empowered.

SIGNATURE: TRACEY L. POLLACKOV

TREA

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date