## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

N18156

(2)

"MY CHURCH UPON THIS ROCK" (INC.)

	FILED
Feb 11	1998 8:00am
Secre	etary of State

		• ,					
Principal Place of Business Mailing Address					. L LODINING DES NOON HELEN STEAM DINNE DISH DISH DI	DININ BANKA BANKA NAMA NININ INN	
**CORTLEY MAE FLETCHER **CORTLEY MAE FLETCHER		FR		2 0-1-1			
6253 SW 62 COURT 6253 SW 62 COURT		L11		3. Date Incorporated or Qualified			
MIAMI FL 33143	3	MIAMI FL 33143			12/09/1986 4. FEI Number	L January For	
					65-0273905	Applied For Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address				\$8.75 Additional	
21		26			5. Certificate of Status Desired	Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
City & Stat		27			Trust Fund Contribution	Added to Fees	
	e e	City & State			7. Is this nonprofit corporation a homeown		
23 Zip _	Country	28 Z <sub>IP</sub>	Country		☐ Yes	□ No	
24	25	29	30		This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year intangible	
	9. Name and Address of Curren		1001		10. Name and Address of New Registered		
			81	Name			
FLETCH	er, bishop w		82	Street	Address (P.O. Box Number is Not Acceptable)		
	/ 62 COURT			00000	Address (1.0. Box redinder is Not Acceptable)		
MIAMI FI	L 33143		83				
			64	City		85 Zip Code	
11. Pureuant	to the provisions of Sections 617 050	2 and 617 1600 Florido State	too the should		corporation submits this statement for the purpose		
Office of r	egistered agent, or both, in the State	of Florida, Such change was	authorized by	the cor	poration submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing its registered opointment as registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, F	lorida Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered agri-	ni and two if applicable (NO	TE Registered Age	nt signature	e required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	FLETCHER, BISHOP WILLIE		1.2 NAME				
STREET ADDRESS	6253 SW 62 COURTF		1.3 STREET	address	,		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S	r-zip			
TITLE	VPD	☐ DELETE	2.1 TITLE			Change	
NAME SZOSEZ ADDOSEGO	FLETCHER, COURTLEY MAE 6253 SW 62 COURTF		2.2 NAME				
STREET ADDRESS CITY-ST-ZVP	MIAMI FL		2.3 STREET				
TITLE	SD SD	DELETE	2.4 CITY-S 3.1 TITLE	1-ZIP		Change Addition	
NAME	WILCOX, SHARON GRAHAM		3.2 NAME				
STREET ADDRESS	6253 SW 62 COURTF		3.3 STREET	ADDRESS			
CFTY-ST-ZIP	MIAMI FL		3.4. CITY - S				
TITLE	S	DELETE	4.1 TITLE	, <u>-</u> ,		☐ Change ☐ Addition	
NAME	FLETCHER, THERESA ANN		4. 2 NAME				
STREET ADDRESS	6253 SW 62 COURTF		4.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST	- ZIP			
TITLE		□ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		T per ese	5.4 CITY-ST	- ZIP			
TITLE		☐ DELETE	61 TITLE			L Change L Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
14. I hereby c	ertify that the information supplied wit	th this filing does not qualify (	6.4 CITY-ST	on state	ed in Section 119.07(3)(i), Florida Statutes. I further of	partify that the information	
officer or o	on this annual report of supplemental	i annual report is true and acciver or trustee empowered to	curate and tha	t my sia	gnature shall have the same legal effect as if made us required by Chapter 617, Florida Statutes; and that	inder oath: that I am an - I	
SIGNATURE: Cartly mae Flither 1-20-98							