

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N18156

1. Entity Name
"MY CHURCH UPON THIS ROCK" (INC.)



Principal Place of Business
%CORTLEY MAE FLETCHER
6253 SW 62 COURT
MIAMI, FL 33143

Mailing Address
%CORTLEY MAE FLETCHER
6253 SW 62 COURT
MIAMI, FL 33143



DO NOT WRITE IN THIS SPACE

01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0273905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLETCHER, CORTLEY MAE
6253 SW 62 COURT
MIAMI, FL 33143

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IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLETCHER, BISHOP WILLIE
STREET ADDRESS 6253 SW 62 COURT
CITY-ST-ZIP MIAMI, FL

TITLE VPD
NAME FLETCHER, CORTLEY MAE
STREET ADDRESS 6253 SW 62 COURT
CITY-ST-ZIP MIAMI, FL

TITLE SD
NAME WILCOX, SHARON GRAHAM
STREET ADDRESS 6253 SW 62 COURT
CITY-ST-ZIP MIAMI, FL

TITLE S
NAME FLETCHER, THERESA ANN
STREET ADDRESS 6253 SW 62 COURT
CITY-ST-ZIP MIAMI, FL

TITLE T
NAME FLETCHER, PANNEALL
STREET ADDRESS 6253 SW 62 CT
CITY-ST-ZIP MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000269110
03/18/05-80070-013 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Cortley Mae Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05 305 665 8518
Date Daytime Phone if