2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N22464

Entity Name: ROCK OF AGES MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2722 N.W. 55TH STREET
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

2722 N.W. 55TH STREET
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITE, JOHNNY JR
2722 N.W. 55TH STREET
MIAMI, FL 33142 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: PT ( ) Delete
Name: WHITE, JOHNNY
Address: 2722 N.W. 55TH STREET
City-St-Zip: MIAMI, FL 33142 US

Title: CT ( ) Delete
Name: LIVELY, ROBERT
Address: 2722 N.W. 55TH STREET
City-St-Zip: MIAMI, FL 33142 US

Title: AC ( ) Delete
Name: MORROW, HENRY
Address: 2722 N.W. 55TH STREET
City-St-Zip: MIAMI, FL 33142 US

Title: S ( ) Delete
Name: WILLIAMS, WILLIE FRANCIS
Address: 2722 N.W. 55TH STREET
City-St-Zip: MIAMI, FL 33142 US

Title: T ( ) Delete
Name: HYLOR, KEITH
Address: 2722 N.W. 55TH STREET
City-St-Zip: MIAMI, FL 33142 US

Title: AT ( ) Delete
Name: TAYLOR, CLIFTON
Address: 2722 N.W. 55TH STREET
City-St-Zip: MIAMI, FL 33142 US

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:

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: HENY MORROW AC 04/27/2009

Electronic Signature of Signing Officer or Director — Date