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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23558 (2)
1. Corporation Name
ROCK BUILDERS EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business
405 ROSEMARY AVE.
WEST PALM BEACH FL 33402
US

Mailing Address
P.O. BOX 2834
WEST PALM BEACH FL 33402-2834

3. Date Incorporated or Qualified 11/19/1987
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 2501 Bristol Dr.
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number 65-0385989
Applied For
Not Applicable

22 3-A
City & State
23 West Palm Beach

27 City & State
28

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33409
Country
25 Palm Beach

29 Zip
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITESIDE, ROCKY A.
436 BEECH ROAD
WEST PALM BEACH FL 33409

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITESIDE, ROCKY A.	
STREET ADDRESS	436 BEECH ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRIAN NETTLES	
STREET ADDRESS	9259 PERSIMMON STREET	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WHITESIDE, LINDA G.	
STREET ADDRESS	436 BEECH ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURRAY, KEVIN	
STREET ADDRESS	905 COTTONBAY BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUSTIN, CHARLES	
STREET ADDRESS	401 SE FELDMAN AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMANDA NETTLES	
STREET ADDRESS	9259 PERSIMMON STREET	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Quinn Whiteside	
1.3 STREET ADDRESS	852 Caroline Ave.	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33413	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jason Whiteside	
2.3 STREET ADDRESS	4046 #C Woods Edge Circle	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/23/97 561-687-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # 0039862

CR2E037 (9/96)