2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURES

OR PRINTED NAME OF

FILED Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # N25460** 1. Entity Name ROCK CHURCH INC. 01-27-2000 90115 044 ****70.00 Principal Place of Business Mailing Address HIGHWAY 40 HIGHWAY 40 **PO BOX 164** PO BOX 164 YANKEETOWN FL 34498-0164 YANKEETOWN FL 32698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2836600 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name W. Jay & Crysysnda Reishle Street Address (P.O. Box Number is Not Acceptable) DINKINS, LEWIS E. 20553, W. PENNSYLVANIA AVE 195 S.E. Hammock Road **DUNNELLON FL 34431** Zip Code ered agent, or both, in the state of Floriga. 8. The above named entity submits this statement for the purpose of charging its registered office 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE PD TITLE PD NAME NAME BODENE, RAY Crysynda C. Reichle STREET ADDRESS STREET ADDRESS 8151 CHEROKEE RD 195 S.E. Hammock Rd CITY-ST-ZIP CITY-ST-ZIP BARTOW FL Inglis, FL34449 **X**Change Addition STD TITLE TITLE Delete VP/SEC NAME young, zula NAME STREET ADDRESS STREET ADDRESS 6602 RIVERSIDE DR. Young - Zula Yankeetown34498 ---CITY-ST-ZIP CITY-ST-ZIP YANKEETOWN FL 34498 6602 Riverside Dr ☐ Change X Addition TITLE ... TITLE Delete מ/ע NAME REICHLE, CRYSYNDA C NAME W.J. Reichle Inglis34449 195 S.E. Hammock Rd. STREET ADDRESS STREET ADDRESS 4812 RIVERSIDE DR CITY-ST-ZIP CITY-ST-7IP YANKEETOWN FL 34498 Change X Addition Delete TITLE TITLE T/D NAME NAME James M. Leadbetter STREET ADDRESS STREET ADDRESS 32 Seabreeze Dr CITY-ST-7IP CITY-ST-ZIP Inglis, FL 34449 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is