

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90078 015 \*\*\*\*\*61.25

**DOCUMENT # N25460**

1. Entity Name

**ROCK CHURCH INC.**

Principal Place of Business

**HIGHWAY 40  
 PO BOX 164  
 YANKEETOWN FL 32698**

Mailing Address

**HIGHWAY 40  
 PO BOX 164  
 YANKEETOWN FL 32698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2836600**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**REISHLE, CRYSYNDA  
 195 S.E. HAMMOCK ROAD  
 INGLIS FL 34449**

7. Name and Address of New Registered Agent

Name **ZULA YOUNG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6602 RIVERSIDE DR.**  
**YANKEETOWN, FLA**  
 City **YANKEETOWN** **FL** Zip Code **34498**

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.

SIGNATURE

**ZULA YOUNG** *Zula Young*

**2-20-01**

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REICDLE, VRYSYNDA C	
STREET ADDRESS	195 S.E. HAMMOCK RD	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	YOUNG, ZUL Y	
STREET ADDRESS	6602 RIVERSIDE DR	
CITY-ST-ZIP	YANKEETOWN FL 34498	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REICHLE, W.J.	
STREET ADDRESS	195 S.E. HAMMOCK RD	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEADBETTER, JAMES M	
STREET ADDRESS	32 SEABREEZE DR	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/M/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA PHELPS	
STREET ADDRESS	13151 HWYD	
CITY-ST-ZIP	DUNNEILLON, FLA. 34431	
TITLE	P/M/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULA YOUNG	
STREET ADDRESS	6602 RIVERSIDE DR	
CITY-ST-ZIP	YANKEETOWN, FLA. 34498	
TITLE	D/B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY A. BODEEN	
STREET ADDRESS	8151 CHEROKEE RD.	
CITY-ST-ZIP	BARTON FLA. 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED* **ZULA YOUNG** **2-20-01** **352-447-2583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)