

2002 UNIFORM BUSINESS REPORT (UBR)

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

7. Name and Address of New Registered Agent

YOUNG, ZULA
6602 RIVERSIDE DR.
YANKEETOWN FL 34498

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2.05.02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME PHELPS, LINDA
STREET ADDRESS 13151 HWY 40
CITY-ST-ZIP DUNNELLON FL 34431 ☐ Delete

TITLE ~~VOID~~
NAME ~~VOID~~
STREET ADDRESS ~~VOID~~
CITY-ST-ZIP ~~VOID~~ ☒ Change ☐ Addition

TITLE PMD
NAME YOUNG, ZULA
STREET ADDRESS 6602 RIVERSIDE DR
CITY-ST-ZIP YANKEETOWN FL 34498 ☐ Delete

TITLE D
NAME REV. PHILIP G. WHITLEY
STREET ADDRESS 4215 E. CARL RAIMM LANE
CITY-ST-ZIP INVERNESS, FLA. 32650 ☐ Change ☒ Addition

TITLE D
NAME BODEEN, RAY A
STREET ADDRESS 8151 CHEROKEE RD.
CITY-ST-ZIP BARTOW FL 33830 ☒ Delete

TITLE DB
NAME DEBARAH WHITLEY
STREET ADDRESS 4215 E. CARL RAIMM LANE
CITY-ST-ZIP INVERNESS, FLA. 32650 ☐ Change ☒ Addition

TITLE TD
NAME LEADBETTER, JAMES M
STREET ADDRESS 32 SEABREEZE DR
CITY-ST-ZIP INGLIS FL 34449 ☐ Delete

TITLE STD
NAME JAMES M. LEADBETTER
STREET ADDRESS 32 SEABREEZE DR.
CITY-ST-ZIP INGLIS, FLA. 34449 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

JAMES M. LEADBETTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. LEADBETTER 2/5/02

Date

Daytime Phone #

352-447-3800

CR2E037 (9/01)