


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90017 003 ****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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | FL Zip Code | |
| SIGNATURE <i>Zula Young</i> ZULA YOUNG <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 2-14-05 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | VPD <input checked="" type="checkbox"/> Delete | | | | |
| NAME | PHELPS, LINDA | | | | |
| STREET ADDRESS | 13151 HWY 40 | | | | |
| CITY-ST-ZIP | DUNNELLON, FL 34431 | | | | |
| TITLE | PMD <input type="checkbox"/> Delete | | | | |
| NAME | YOIUNG, ZULA | | | | |
| STREET ADDRESS | 6602 RIVERSIDE DR | | | | |
| CITY-ST-ZIP | YANKEETOWN, FL 34498 | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | WHITLEY, PHILLIP G REV | | | | |
| STREET ADDRESS | 4215 E CARL RAMM LANE | | | | |
| CITY-ST-ZIP | INVERNESS, FL 32650 | | | | |
| TITLE | STD <input type="checkbox"/> Delete | | | | |
| NAME | LEADBETTER, JAMES M | | | | |
| STREET ADDRESS | 32 SEABREEZE DR | | | | |
| CITY-ST-ZIP | INGLIS, FL 34449 | | | | |
| TITLE | VPD <input type="checkbox"/> Delete | | | | |
| NAME | WHITLEY, DEBORAH | | | | |
| STREET ADDRESS | 4215 E CARL RAMM LANE | | | | |
| CITY-ST-ZIP | INVERNESS, FL 32650 | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | BAKER, WALTER L | | | | |
| STREET ADDRESS | 216 SANDI ST | | | | |
| CITY-ST-ZIP | INGLIS, FL 34449 | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| 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 an officer or trustee empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> SEC & TREAS. 2-14-05 353-447-2583 <small>Signature and typed or printed name of signing officer or director</small> | | | | | |