2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25460

Entity Name: ROCK CHURCHING

FILED Jan 16, 2008 Secretary of State

| Littly Na | ille. ROOK CI | IORCITING. | | |
|---|---|----------------------------------|---|---|
| Current P | rincipal Place | of Business: | New Principal Place of Business: | |
| 718 HWY INGLIS, FI | | | | |
| Current M | lailing Addres | s: | New Mailing Address: | |
| HWY 40 V PO BOX 1 YANKEET | | 98 US | | |
| FEI Number | : 59-2836600 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | d Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: |
| | TER, JAMES M REEZE DR L 34449 US | | | |
| | e named entity s e of Florida. | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both, |
| SIGNATU | RE: | | | |
| | Electron | ic Signature of Registered Age | ent | Date |
| OFFICER | S AND DIRECT | rors: | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTORS |
| Title: Name: Address: City-St-Zip: | VP () YOIUNG, ZULA 6608 RIVERSID YANKEETOWN, | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | PD () LAMERSON, JIN 4141 E WOODE HOLDER, FL 34 | DUCK LN | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D () WHITLEY, DEB 4215 E CARL R INVERNESS, FL | AMM LANE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | SD () LAMERSON, JU | Delete ILIA SECRETA | Title: Name: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAMES TREA 01/16/2008

4141 E. WOODDUCK LN

HOLDER, FL 34442

Address:

City-St-Zip: