

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$309)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 15 AM 11:43

**DOCUMENT # N29231 (0)**

1. Corporation Name

**THE ROC OF LIFE FOUNDATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O LORRAINE A. GOLDEN, 1124 PIN OAK CIRCLE, NICEVILLE FL 32578  
Mailing Address: C/O LORRAINE A. GOLDEN, 1124 PIN OAK CIRCLE, NICEVILLE FL 32578

3. Date Incorporated or Qualified: 11/10/1988  
3a. Date of Last Report: 05/10/1994  
4. FBI Number: 59-2916596  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: GOLDEN, LORRAINE A., 1124 PIN OAK CIRCLE, NICEVILLE FL 32578

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GOLDEN, ROGER F.
STREET ADDRESS	1124 PIN OAK CIRCLE
CITY - ST - ZIP	NICEVILLE FL
TITLE	D
NAME	GOLDEN, LORRAINE A.
STREET ADDRESS	1124 PIN OAK CIRCLE
CITY - ST - ZIP	NICEVILLE FL
TITLE	D
NAME	GOLDEN, GREGORY C.
STREET ADDRESS	2275 SCENIC HWY, APT 208
CITY - ST - ZIP	PENSACOLA FL
TITLE	D
NAME	GOLDEN, STEPHEN J.
STREET ADDRESS	1005 DARLINGTON OAK DR.
CITY - ST - ZIP	NICEVILLE FL
TITLE	D
NAME	GOLDEN, RICHARD L.
STREET ADDRESS	1124 PIN OAK CIR.
CITY - ST - ZIP	NICEVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	4218 BAYWOODS DRIVE
34 CITY - ST - ZIP	PENSACOLA, FL 32504
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROGER F. GOLDEN, EXECUTIVE DIRECTOR 11 JUNE 1995 904-692-2746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (3/95)