

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N29231 (0)  
1. Corporation Name  
THE ROC OF LIFE FOUNDATION, INC.



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

3. Date Incorporated or Qualified

11/10/1988

4. FEI Number

59-2916596

Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDEN, LORRAINE A.  
1124 PIN OAK CIRCLE  
NICEVILLE FL 32578

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	GOLDEN, ROGER F.	1124 PIN OAK CIRCLE	NICEVILLE FL	<input checked="" type="checkbox"/>
D	GOLDEN, LORRAINE A.	1124 PIN OAK CIRCLE	NICEVILLE FL	<input type="checkbox"/>
D	GOLDEN, GREGORY C.	4218 BAYWOOD DRIVE	PENSACOLA FL	<input type="checkbox"/>
D	GOLDEN, STEPHEN J.	108 PERDIDO CIRCLE	NICEVILLE FL	<input type="checkbox"/>
D	GOLDEN, RICHARD L.	1124 PIN OAK CIR.	NICEVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	ROGER F. GOLDEN	DECEASED 6-20-97		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	M/D				
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1124 PIN OAK CIRCLE	NICEVILLE, FL 32578		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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: [Signature] 8AM - 10:30 home (WK) 850 729-2456 5/11/98

CR2E037 (10/97)