

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90047 033 ****70.00

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DOCUMENT # N29231

1. Corporation Name

THE ROC OF LIFE FOUNDATION, INC.

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



2. Principal Place of Business

21 **1124 PIN OAK CIRCLE**

2a. Mailing Address

26 **SAME**

3. Date Incorporated or Qualified

11/10/1988

Suite, Apt. #, etc.

22 **N/A**

Suite, Apt. #, etc.

27 **N/A**

4. FEI Number

59-2916596

Applied For

Not Applicable

City & State

23 **NICEVILLE, FL**

City & State

28 **NICEVILLE, FL**

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip

24 **32578**

Country

25 **OKLAHOMA**

Zip

29 **32578**

Country

30 **OKLAHOMA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 Name

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

83

84 City

FL

85 Zip Code

CHECK ATTACHED

8.75
61.25
\$ 70.00

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 **D** ☒ DELETE

NAME **GOLDEN, R F**
STREET ADDRESS **1124 PIN OAK CIRCLE**
CITY-ST-ZIP **NICEVILLE FL**

DECEASED

TITLE **D** ☐ DELETE

NAME **GOLDEN, LORRAINE A.**
STREET ADDRESS **1124 PIN OAK CIRCLE**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **D** ☐ DELETE

NAME **GOLDEN, GREGORY C.**
STREET ADDRESS **4218 BAYWOOD DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ DELETE

NAME **GOLDEN, STEPHEN J.**
STREET ADDRESS **1124 PIN OAK CIR**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ DELETE

NAME **GOLDEN, RICHARD L.**
STREET ADDRESS **1124 PIN OAK CIR.**
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)