## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N44296

1. Corporation Name

THE ROCK AND THE BY-WAYS ASSEMBLY INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 1036 VALRIÇO FL 33594 P.O. BOX 1036 VALRICO FL 33594

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90058 047 \*\*\*\*70.00



Principal Place of Business     2a. Mailing Address						3. Date Incorporated or Qualifed				
21		26				06/24/1991	•			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Ap	plied For	
22		27				59-3075465		No	t Applicable	
City & State	9	City & State				======================================	V	\$8.75 A		
23		28				- Certificate of Status Desired	<b>X</b>	Fee Re	quired	
Zip	Country Zip			Country		6. Election Campaign Financing		\$5.00	May Be	
24 25 29 30				ก		Trust Fund Contribution	<u></u>	Added t	o Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					81 Name					
WILCHER, BARBARA J				82	82 Street Address (P.O. Box Number is Not Acceptable)					
306 GREENVIEW DRIVE			•		000017101					
VALRICO I			8			3				
VALINOO I L 33354				84	City	85 Zip Code			`ode	
l	•			84	City		FL	185 ZIP C	Joue	
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, F	lorida Statutes,	the above	named cor	rporation submits this statement for the	purpose of o	changing its	registered	
office or n agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 6	nange was auth 117.0503, Florida	orized by Statutes	the corporat	tion's board of directors. I hereby acce	bt the appoin	unem as rej	halalad	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Re	oletaned Agen	t signatura requi	ired when reinstating)	DATE			
12.					it signatoro rector	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	OT TOURS AND BITCOTORS			1.1 TITLE				Change	☐ Addition	
NAME	WILCHER, BARBARA J	_		1.2 NAME	1		•			
STREET ADDRESS	306 GREENVIEW DRIVE			1.3 STREET	TADODESS			Ì		
	VALRICO FL			1.4 CITY-S					[	
CITY-ST-ZIP	CTR		DELETE	2.1 TITLE	1-28			Change	Addition	
NAME	HORACE TAYLOR	-		2.2 NAME			•		_	
	304 MAGNOLIA			2.3 STREET	FADDDESS				Ĭ	
STREET ADDRESS				2. 4 CITY-S		•			ļ.	
Crty-St-ZIP	LAKELAND FL		DELETE	3.1 TITLE	)1-2JF		<del>-</del>	Change	Addition	
· 1	STR			3.2 NAME			<u> خنوی منج</u>			
NAME	TAYLOR, KAREN	<del>-</del> , -		3.3 STREET		112 Magnolia	e./		. [	
STREET ADDRESS	304 W MAGNOLI					4 - May 10 1 C		301	٧. ١	
CITY-ST-ZIP	LAKELAND FL		DELETE	3.4. CITY-S 4.1 TITLE	11-417	CONTRACT FOR		Change	☐ Addition	
TITLE	STR MATCON ALICE			4.1 MLE		•				
NAME	WATSON, ALICE			4.3 STREE	********		21			
STREET ADDRESS		•			ľ	•		•	ł	
CITY-ST-ZIP	LAKELAND FL:	<del></del>	DELETE	4.4 CITY-S' 5.1 TITLE	T-ZIP			Change	Addition	
TITLE		Ļ	_ <i>0</i> ELL:E	5.1 HILE 5.2 NAME						
NAME	· ·				TADDRESS	•			,	
STREET ADDRESS								Ņ.		
CRTY-ST-ZIP		<del></del> -	DELETE	5.4 CITY-S' 6.1 TITLE	1-411		<del></del>	Change	Addition	
TITLE		L	] DELETE		ľ	•	( ·	i ⊃ cuange	T vaginou .	
NAME	**			6.2 NAME		•		4.	'	
STREET ADDRESS	•			8.3 STREET				,		
CITY-ST-ZIP	S			6.4 CITY-S	T-ZIP		•			

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 OF DIRECTOR

04/05/99 637-3948