FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 MAR -9 AM 9:12

DOCUMENT # N46740 (9)

1. Corporation Name
THE ROCK MINISTRIES, INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 13669 MEXICO BEACH FL 32410	P.O. BOX 13669 MEXICO BEACH FL 32410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1992
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-3109012 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: P. O. Box 11116
22: Suite, Apt. #, etc.
23: City & State: Tallahassee, FL
24: Zip: 32302 25: Country: Leon

2a. Mailing Address
26: P.O. Box 11116
27: Suite, Apt. #, etc.
28: City & State: Tallahassee, FL
29: Zip: 32302 30: Country: Leon

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 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIST, JAMES W.
325 BEACON RD
PORT ST JOE FL 32456

10. Name and Address of New Registered Agent

81 Name: LIST, JAMES W.
82 Street Address (P.O. Box Number is Not Acceptable): 2008-A E. Park Avenue
83:
84 City: Tallahassee, FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition Pres., Director
NAME	LIST, JAMES W.	1.2 NAME	List, James W.
STREET ADDRESS	~~325 BEACON RD~~ 2008-A. E. Park Av	1.3 STREET ADDRESS	2008-A E. Park Ave.
CITY-ST-ZIP	~~PORT ST JOE FL~~ Tallahassee, FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32302
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, THOMAS C.	2.2 NAME	
STREET ADDRESS	708 RADCLIFF AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition STD
NAME	WANCHIK, PETE 618 Maddox St.	3.2 NAME	Wanchik, Pete
STREET ADDRESS	~~8410 SUSIE STREET~~ P.O. Box 36	3.3 STREET ADDRESS	618 Maddox St., P.O. Box 36
CITY-ST-ZIP	~~JACKSONVILLE FL 32210~~ Port St. Joe, FL 32456	3.4 CITY-ST-ZIP	Port St. Joe, FL 32456
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HERMAN, GARY J	4.2 NAME	
STREET ADDRESS	2118 MAPLE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORGAN CITY LA 70380	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, BILL	5.2 NAME	
STREET ADDRESS	3003 JACOB DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE KY 40422	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: _____ 3-7-95 904/878-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James W. List

000237