

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004555

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** THE CHURCH ON THE ROCK OF PALM COAST, INC.

**Current Principal Place of Business:**

2200 N. STATE STREET  
BUNNELL, FL 32110 US

**New Principal Place of Business:**

**Current Mailing Address:**

2200 N. STATE STREET  
BUNNELL, FL 32110 US

**New Mailing Address:**

**FEI Number:** 59-3200202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACK, FRED E JR  
10 SYCAMORE TERR  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAURENT, BRUCE PASTOR  
Address: 24 BURNABY LANE  
City-St-Zip: PALM COAST, FL 32137

Title: SD ( ) Delete  
Name: BLACK, FRED E JR  
Address: 10 SYCAMORE TER  
City-St-Zip: PALM COAST, FL 32137

Title: DT ( ) Delete  
Name: SMITH, DONALD F  
Address: 2095 E. JOYCE STREET  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Delete  
Name: SOSNOWSKI, DONALD  
Address: 7 WEST FALLS LANE  
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete  
Name: DELLA VECCHIA, LUCIO  
Address: 51 COTTONWOOD CT  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: MONROE, WALTER  
Address: 5 LLETHORNE PL  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE LAURENT

D

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date