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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400000986 (9)

THE ROCK OF HOREB CHRISTIAN CHURCH, INC.

Maintage Address   Maintage Ad							<u>                                     </u>
Companies   Comp	Principal Place	of Business	Mailing Address				
US  2. Pincipal Place of Business 2. A Maling Address 2. Pincipal Place of Business 2. A Maling Address 2. Pincipal Place of Business 2. A Maling Address 2. Pincipal Place of Business 2. A Maling Address 2. Pincipal Place of Business 2. A Maling Address 2. Pincipal Place of Business 2. A Maling Address 2. Pincipal Place of Business 2. A Maling Address 2. Pincipal Place of Business 2. A Maling Address 2. Pincipal Place 2. A Maling Address 2. A Maling Address 2. A Maling Address 3. Suite, April 4, etc. 3. County 3. Suite, April 4, etc. 3. County 3. County 3. County 3. County 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 4. Fin Noor Place Address 5. County Place 5. County Plac	705 LEELAND	HGTS. BLVD.					
2. Principal Place of Business 2. A. Mainry Acidness 2. A. Fill NOOT APPLICABLE 2. A. District and Color South April 2. A. Fill NOOT APPLICABLE 3. Color Applicable 3.		ES FL 33936		<b>3</b> 6			
Suite, Apt. ft. etc.    Suite, Apt. ft. etc.   27   Suite, Apt. ft. etc.   28   29   20   Suite, Apt. ft. etc.   27   Suite, Apt. ft. etc.   2	US		US			3. Date Incorporated or Qualified 02/24/1994	3a. Date of Last Report 05/01/1995
Suite, Apt. ft. etc.    Suite, Apt. ft. etc.   27   Suite, Apt. ft. etc.   28   29   20   Suite, Apt. ft. etc.   27   Suite, Apt. ft. etc.   2	2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
City & State	21		26			NOT APPLICABLE	Not Applicable
Company   Comp	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	1 1 7
28    20    25    29    30	22			27		5. Germicale of claims position	Fee Required
Zep			<b>├</b> ┐ ′		1		
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Ackies (P.O. Box Number is Not Acceptable)  13. Street Ackies (P.O. Box Number is Not Acceptable)  14. Fursiant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes. The above named corporation submits his statement for the purpose of changing its registered agent, or both, in the State of Florids Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent at a final registered agent and the provision of Section 617.0502 and 617.1508. Florids Statutes. SIGNATURE  11. Fursiant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes at the above named corporation's board of directors. I hereby accept the appointment as registered agent. I an internal registered agent at a final r		<u></u>	· ·				Added to Fees
S. Name and Address of Current Registered Agent   St. Name   St.	<del></del>	<b>⊢</b>	<del></del>		ntry		
RIVERA, SAMUEL 205 E. 3RD ST. LEHIGH ACRES FL 33936  80  61  62  63  64  64  64  67  67  67  67  67  67  67	24			30			
RIVERA, SAMUEL 205 E. 3RD ST.  LEHIGH ACRES FL 33936  80 City  FL  81 City  FL  82 Street Activess (P.O. Box Number is Not Acceptable)  83 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 pursose of changing its 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, and accept the obligations of, Section 617,0502, Florida Statutes  SIGNATURE  SIGNATURE  SOPPLIES OFFICERS AND DIRECTORS  13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. THE CHANGES OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. THE CHANGES OFFICERS AND DIRECTORS IN 13. SIRRET ADDRESS OFFICERS AND DIRECTORS IN 14. SIRRET ADDRESS OFFI CANABLE ACTIVES TO OFFICERS AND DIRECTORS IN 14. SIRRET ADDRESS OFFI CANABLE ACTIVES TO OFFI CANABLE ACTIVE TO OFFI CANABLE ACTIVE TO OFFI CANABLE ACTIVE TO OFFI CANABLE ACTIVE TO OFFI CANABLE A		9. Name and Address of Curren	it negistered Agent	-	81 Name	To. Name and Address of New Yor	gratered Agent
205 E. 3RD ST.  LEHIGH ACRES FL 33936  11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above promoter of the purpose of changing its registered agent. The state of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. The statement agent agent agent is a statement for the purpose of changing agent agent agent. The statement agent age	DIVERA	CARMIE					
Section   Sections					82 Street Add	fress (P.O. Box Number is Not Acceptable	)
Bel   City   FL   S   Zip Code					82		
T1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Blonks Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 617.0502 and 617.1508. Blonks Statutes, the above named 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  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PD	LEHIGH	AUHES FL 33936			00		
11. Pursuant to the provisions of Sections 617, 0500 and 617, 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered off or registered agent, to both in the State of Florida Subto change was authorized by the corporation's board of declors. I hereby accept the appointment as registered agent. I am attempt with, and accept the obligations of, Section 617,0503, Florida Statutes  SIGNATURE    Signature, byted or printed name of registered agent and thorit algoritation.   PAPT. Registered Agent is given to registered agent. I am attempt with a profit printed printed name of registered agent. I am attempt with a profit printed printed name of registered agent. I am attempt with a profit printed printed name of registered agent. I am attempt with a profit printed printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt with a profit printed name of registered agent. I am attempt of orders. I hereby accept the obligations of Section 617,0503, Florida Statutes    12					84 City		85 Zip Code
or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 617 (5003, Florida Statutes)  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD					_1		
12.	or register	ed agent, or both, in the State of Florid	da. Such change was authorize	ed by the c	ve-named corpo corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appoi	ntment as registered agent. I am
12.	SIGNATURE _						
THE SAMUEL, RIVERA STREET ADDRESS 205 E 3RD ST. LEHIGH ACRES FL 33936  THE TD OBLETE 21 THE NAME STREET ADDRESS CITY-ST-2P  HILE SOS OSSANI, CASTRO E STREET ADDRESS CITY-ST-2P  THLE SOS OSSANI, CASTRO E 1421 PINE AVE. LEHIGH ACRES FL 33936  THLE SOSSANI, CASTRO E 1421 PINE AVE. LEHIGH ACRES FL 33936  THLE SOSSANI, CASTRO E 1421 PINE AVE. LEHIGH ACRES FL 33936  THLE SOSSANI, CASTRO E 1421 PINE AVE. LEHIGH ACRES FL 33936  THLE NAME STREET ADDRESS CITY-ST-2P  THLE NAME STREET ADDRESS CITY-S					Agent signature requir		
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 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)(k), Florida Statutes. I further	CITY-ST-ZIP	- and that the information are alled	with this filing is voluntarily free	640	does not qualify	for the exemption stated in Section 110	07/3)(k) Florida Statutes I further

is to hereby certify that the information supplied with this hiling is voluntarily turnished and does not quality for the exemption stated in Section 119:07(3)(R), Florida Statutes. Turther 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 18 if changed from an attachment with an address:

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96 Date

Daytin'e Phone #

CR2E037 (12