

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002860

1. Entity Name
**ROCK OF DELIVERANCE PRAISE AND WORSHIP
CENTER, INC.**



Principal Place of Business

**5414 OBIE STREET
EBRO, FL 32437**

Mailing Address

**PO BOX 29
EBRO, FL 32437**

FILED
Feb 06, 2008 08:00 AM
Secretary of State



01292008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
36-4550834

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THORNTON, BRENDA
5134 SUBDIVISION ROAD
EBRO, FL 32437**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000818183
02/15/08-80031-002 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
THORNTON, BRENDA
5134 SUBDIVISION RD.
EBRO, FL 32437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
THORNTON, CURTIS
5134 SUBDIVISION RD.
EBRO, FL 32437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BAKER, CHANTAL
5134 A SUBDIVISION RD.
EBRO, FL 32437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRAND, MELISSA
5468 GILLEY RD.
EBRO, FL 32437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chantal Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-08

Date

Daytime Phone #