

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90058 034 ****70.00

DOCUMENT # N95000002245

1. Entity Name

THE CHURCH ON THE ROCK, INC.



Principal Place of Business

1805 WEST BLUE HERON BLVD.
E 105
RIVIERA BEACH FL 33404

Mailing Address

1805 WEST BLUE HERON BLVD.
E 105
RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0584660

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLES, ADELL
3000 AVE O
RIVIERA BEACH FL 33404

Name **LISA J RAIFORD**

Street Address (P.O. Box Number is Not Acceptable)

949 CHARLES STREET

City **WEST PALM BCH FL**

Zip Code **33401**

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

Lisa J Raiford

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P/D JOHNSON, TYRONE**
STREET ADDRESS **1805 W BLUE HERON BLVD**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Delete
NAME **S/D JOHNSON, ERNESTINE D**
STREET ADDRESS **1805 W BLUE HERON BLVD**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☒ Delete
NAME **T/D WILLIES, ADELL**
STREET ADDRESS **3000 AVENUE O**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **T/D CRAIG STEVEN ROBINS**
STREET ADDRESS **3484 SUMMER ST. #11**
CITY-ST-ZIP **LAKE WORTH FLA. 33460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Tyrone Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #