2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am Secretary of State DOCUMENT # N95000002245 1. Entity Name 03-21-2006 90017 002 ****70.00 THE CHURCH ON THE ROCK, INC. Principal Place of Business Mailing Address 1805 WEST BLUE HERON BLVD. 1805 WEST BLUE HERON BLVD. # E 105 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 65-0584660 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LYONS RALFORD, LISA J 949 CHARLES STREET WEST PALM BEACH FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund,Contribution.____ Due By May 1, 2006 🧺 Florida Department of State Added to Fees-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change Addition TITLE JOHNSON, TYRONE NAME NAME 1805 W BLUE HERON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-2IP RIVIERA BEACH FL 33404 CITY-ST-ZIP Addition ☐ Defete TETLE ERnestine Johnson JOHNSON, ERNESTINE D NAME NAME 1805 W. Blue Heron Blud. 1805 W BLUE HERON BLVD STREET ADDRESS STREET ADDRESS Reviera Beach Ila. Sexux RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition T\D TITLE TITLE ROBINS, CRAIG S MARIE NAME Edice Elain Collins STREET ADDRESS STREET ADDRESS 3484 SUMMER ST #11 5986 N. W. 16th St. Forth Laudel LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-7IP TETER ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

grone Johnson P/D 561-8448463 SIGNATURE:

if changed, or on an attachment with an address, with all other like empowered.

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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