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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90151 022 ****61.25

DOCUMENT # N95000002733

Corporation Name

CHRIST THE ROCK M.B. CHURCH, INC.

Principal Place of Business

908 E 10TH AVE
TAMPA FL 33605
US

Mailing Address

1106 S 69TH ST
TAMPA FL 33619
US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

06/12/1995

4. FEI Number

59-3141268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOBLEY, AARON NATHAN
1106 SOUTH 69TH STREET
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-98

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>PD HOBLEY, AARON NATHAN 1106 SOUTH 69TH STREET TAMPA FL 33619</p> <p><input type="checkbox"/> DELETE</p>	<p>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TR HOBLEY, AARON N JR 1206 E SLIGH AVE TAMPA FL</p> <p><input type="checkbox"/> DELETE</p>	<p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TD HOBLEY, EDNA 1106 SOUTH 69TH STREET TAMPA FL 33619</p> <p><input type="checkbox"/> DELETE</p>	<p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>D MABRY, CLIFFORD 1106 SOUTH 69TH STREET TAMPA FL 33619</p> <p><input type="checkbox"/> DELETE</p>	<p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>SMD MARSHALL, SONJA D H 8700 N 50TH ST 922 TAMPA FL</p> <p><input type="checkbox"/> DELETE</p>	<p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> DELETE</p>	<p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 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 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Aaron N. Hobley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-98 (813) 626-5801

CR2E037 (11/98)