

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002733

1. Entity Name

CHRIST THE ROCK M.B. CHURCH, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90167 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3908 E 10TH AVE  
TAMPA FL 33605  
US

1106 S 69TH ST  
TAMPA FL 33619-4673  
US

B0016779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3141268

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME HOBLEY, AARON NATHAN  
STREET ADDRESS 1106 SOUTH 69TH STREET  
CITY-ST-ZIP TAMPA FL 33619

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

TITLE TR ☐ Delete  
NAME HOBLEY, AARON N JR  
STREET ADDRESS 1206 E SLIGH AVE  
CITY-ST-ZIP TAMPA FL

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

TITLE TD ☐ Delete  
NAME HOBLEY, EDNA  
STREET ADDRESS 1106 SOUTH 69TH STREET  
CITY-ST-ZIP TAMPA FL 33619

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

TITLE D ☐ Delete  
NAME MABRY, CLIFFORD  
STREET ADDRESS 1106 SOUTH 69TH STREET  
CITY-ST-ZIP TAMPA FL 33619

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

TITLE SMD ☐ Delete  
NAME MARSHALL, SONJA D H  
STREET ADDRESS 8700 N 50TH ST 922  
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete  
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: *Aaron N. Hobley* AARON N. HOBLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-00 626-5801  
Date Daytime Phone #