


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

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90074 044 ****61.25

| | |
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| DOCUMENT # N95000002733 |  |
| 1. Entity Name CHRIST THE ROCK M.B. CHURCH, INC. | |

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| Principal Place of Business 3908 E 10TH AVE TAMPA FL 33605 US | Mailing Address 1106 S 69TH ST TAMPA FL 33619 US |
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|--|---------------------------|
| 2. Principal Place of Business 1106 S. 69th ST | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E037 (10/05)

| | |
|--------------------------------------|--------------------------------|
| City & State Tampa, FL | City & State |
| Zip 33619 | Country Hillsborough |

| | |
|--|---|
| 4. FEI Number 59-3141268 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HOBLEY, AARON NATHAN 1106 SOUTH 69TH STREET TAMPA FL 33619 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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** _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HOBLEY, AARON NATHAN | | NAME | |
| STREET ADDRESS 1106 SOUTH 69TH STREET | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33619 | | CITY-ST-ZIP | |
| TITLE TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HOBLEY, EDNA | | NAME | |
| STREET ADDRESS 1106 SOUTH 69TH STREET | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33619 | | CITY-ST-ZIP | |
| TITLE D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MABRY, CLIFFORD | | NAME | |
| STREET ADDRESS 4803 87 ST. | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33619 | | CITY-ST-ZIP | |
| TITLE TR | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME HOBLEY, AARON JR | | NAME | |
| STREET ADDRESS 4114 HELENE PLACE | | STREET ADDRESS | |
| CITY-ST-ZIP VALRICO FL 33594 | | CITY-ST-ZIP | |
| TITLE TR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME EVERETT, CAROLINE E | | NAME | |
| STREET ADDRESS 10932 14TH STREET | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33612 | | CITY-ST-ZIP | |
| TITLE TR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HOBLEY, JANICE L | | NAME | |
| STREET ADDRESS 10505 NORTH 21ST STREET | | STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL 33612 | | CITY-ST-ZIP | |

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

SIGNATURE: Aaron N. Hobley AARON HOBLEY 2-6-06 (813) 626-5804