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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Bartholomew
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002981 (7)

1. Corporation Name

THE ROCK OF THE APOSTLE AND PROPHET CHURCH OF JE
SUS CHRIST INC.



Principal Place of Business

Mailing Address

411 KEY STREET
QUINCY FL 32351

411 KEY STREET
QUINCY FL 32351

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

06/19/1995

2. Principal Place of Business

2a. Mailing Address

21 411 S Key St

26 411 S Key St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Quincy

27 Quincy

City & State

City & State

23 FLA

28 FLA

Zip

Country

Zip

Country

24 32351

25 Gadsden

29 32351

30 Gadsden

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, MACK PASTOR
1630 ELM STREET
QUINCY FL 32351

81 Name

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

83

84 City

FL

85 Zip Code

11. 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

Mack Allen Pastor

(NOTE: Registered Agent signature required when reinstating)

5-26-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ALLEN, MACK
STREET ADDRESS 1630 ELM STREET
CITY-ST-ZIP QUINCY FL 32351

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME ALLEN, JOE L
STREET ADDRESS RT 7 BOX 3937
CITY-ST-ZIP QUINCY FL 32351

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME MASHBURN, LATASHA
STREET ADDRESS GADSDEN ARMS APT. #62, STEWART STREET
CITY-ST-ZIP QUINCY FL 32351

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME ALLEN, JACQUELINE
STREET ADDRESS 1630 ELM STREET
CITY-ST-ZIP QUINCY FL 32351

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME SANDERS, SARAH
STREET ADDRESS RT 6 BOX 282-A
CITY-ST-ZIP QUINCY FL 32351

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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.

SIGNATURE:

Mack Allen Pastor

Date

5/26/96

Daytime Phone #

904-815-2130

CS 6187196

CR2E037 (12/95)