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NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004747 (9)

CHURCH ON THE ROCK OF JACKSONVILLE, FLORIDA, INC

Principal Place of Business Mailing Address 12000 UNIVERSITY DRIVE #600 12800 UNIVERSITY DRIVE #600 FORT MYERS FL 33907 FORT MYERS EL 33907-5345... 3. Date Incorporated or Qualified 3a. Date of Last Report 09/12/1996 2. Principal Place of Business
11 P.O. Box 550900 FEI Number Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes XNo 29 32255-0900 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WINER, STEVEN I **B2** 12800 UNIVERSITY DRIVE #600 83 FORT MYERS FL 33907 84 JACKSONVIIIC 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 rehistered 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 (NOTE: Rogistered Agent signature required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE □1 DELETÉ 1.1 TITLE ALEXANDER, DANNY PO BOX 550900 ALEXANDER, DANNY 1.2 NAME NAME POST OFFICE BOX 16257 1.3 STREET ADDRESS STREET ADDRESS JACKSUNUILLE, FI 32255-0900 JACKSONVILLE FL 32245-6257 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE ALEXANDUR Doreen NAME ALEXANDER, DOREEN 2.2 NAME PO BOX 630900 JACKSONUME F/ 32255-0900 POST OFFICE BOX 16257 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32245-6257 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE D ROSENSTERN, FRANK PO BOX 550900 JACKSUNUILLE, F./ 32255-090 TITLE 3.1 TITLE ROSENSTERN, FRANK NAME 3.2 NAME POST OFFICE BOX 16257 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32245-6257 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 ICITY - ST - ZIP DELETE Change Addition TITLE 6.1 7 ITLE NAME 6.2 NAME

6.3 BIREET ADDRESS

6.4 DITY-ST-ZIP

14. Ido 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 of 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 charged or on an attachment with an address.

FILED

May 09 1997 8:00am

Secretary of State