

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90002 030 ****61.25

DOCUMENT # N96000005187

1. Entity Name

UP ON THIS ROCK HOUSE OF PRAISES, INC.



Principal Place of Business

1704 N.E. 1ST AVENUE
GAINESVILLE FL 32641

Mailing Address

1704 N.E. 1ST AVENUE
GAINESVILLE FL 32641

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1704 NE 1st Ave

City & State

City & State

Gville FL

Zip

Country

32641

Country

Alachua

4. FEI Number

59-3413756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

GRAVES, MAURDEAN
1704 N.E. 1ST AVENUE
GAINESVILLE FL 32641

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GRAVES, MAURDEAN
STREET ADDRESS 1704 N.E. 1ST AVENUE
CITY- ST- ZIP GAINESVILLE FL 32641

TITLE D ☐ Delete
NAME SCOTT, GLORIA
STREET ADDRESS 1704 N.E. 1ST AVENUE
CITY- ST- ZIP GAINESVILLE FL 32641

TITLE D ☐ Delete
NAME BROWN, CHARLIE
STREET ADDRESS 919 NE 26TH TERRACE
CITY- ST- ZIP GAINESVILLE FL 32641

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 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: Maurdean Graves

2-8-08