

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N98000002416**

1. Entity Name  
**CHRIST IS THE ROCK OUTREACH MINISTRY, INC.**



**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90138 009 \*\*\*\*70.00

Principal Place of Business

**200 GRAY ROAD  
QUINCY, FL 32353**

Mailing Address

**P.O. BOX 991  
QUINCY, FL 32353**



04302005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, WILLIE C  
512 SATSUMA AVENUE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.  
GREEN, WILLIE C  
512 SATSUMA AVENUE  
QUINCY, FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SMITH, REGINA  
RT 2 BOX 596  
HAVANA, FL 32333**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GREEN, CHRISTINA  
RT 7 BOX 1659  
QUINCY, FL 32351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GATES, EUNICE  
2003 E. 9TH CT  
PANAMA CITY, FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BROOKS, FLOZELL  
714 E. 13TH ST  
PANAMA CITY, FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Willie C Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #