2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: //

May 03, 2006 08:00 AM Secretary of State DOCUMENT # N98000002416 1. Entity Name CHRIST IS THE ROCK OUTREACH MINISTRY, INC. Principal Place of Business Mailing Address 200 GRAY ROAD P.O. BOX 991 QUINCY, FL 32353 QUINCY, FL 32353 05012006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GREEN, WILLIE C DO NOT WRITE 512 SATSUMA AVENUE PANAMA CITY, FL 32401 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GREEN, WILLIE C STREET ADDRESS 512 SATSUMA AVENUE CITY-ST-ZIP QUINCY, FL 32401 U00000561888 05/19/06-80032-023 61.25 NAME SMITH, REGINA STREET ADDRESS RT 2 BOX 596 CITY-ST-ZIP HAVANA, FL 32333 TITLE NAME GREEN, CHRISTINA STREET ADDRESS RT 7 BOX 1659 DO NOT WRITE CITY-ST-ZIP QUINCY, FL 32351 TIME IN THIS SPACE NAME GATES, EUNICE STREET ADDRESS 2003 E. 9TH CT CITY-ST-ZIP PANAMA CITY, FL 32401 TITLE BROOKS, FLOZELL STREET ADDRESS 714 E. 13TH ST CITY-ST-ZIP PANAMA CITY, FL 32401 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #