# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 19, 2007**
**Secretary of State**

DOCUMENT# N99000003174

**Entity Name:** VICTORY ON THE ROCK COMMUNITY DEVELOPMENT INC.

**Current Principal Place of Business:**

2899 NW 168TH TERR.
MIAMI, FL 330564432

**New Principal Place of Business:**

**Current Mailing Address:**

2899 NW 168TH TERR.
MIAMI, FL 330564432

**New Mailing Address:**

**FEI Number: 65-0941126** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLEARE, ALVIN
2899 NW 168TH TERR.
MIAMI, FL 330564432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | CLEARE, ALVIN | |
| Address: | 2899 NW 168 TERRACE | |
| City-St-Zip: | MIAMI, FL 33056 | |
| Title: | VD | ( ) Delete |
| Name: | CLEARE, PATRICIA | |
| Address: | 2899 NW 168 TERRACE | |
| City-St-Zip: | MIAMI, FL 33056 | |
| Title: | ASD | ( ) Delete |
| Name: | SHEPPARD, LAURETTE | |
| Address: | 17101 NW 43 STREET | |
| City-St-Zip: | MIAMI, FL 33127 | |
| Title: | D | ( ) Delete |
| Name: | TAYLOR, LATONYA | |
| Address: | 1365 NW 86 STREET | |
| City-St-Zip: | MIAMI, FL 33147 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN CLEARE PD 02/19/2007
Electronic Signature of Signing Officer or Director Date