

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90009 014 ****61.25

DOCUMENT # N99000004190

1. Entity Name

CAFE ON THE ROCK MINISTRIES, INC.

Principal Place of Business

Mailing Address

1 EAST SILVER SPRINGS BOULEVARD
 Ocala FL 34471

1 EAST SILVER SPRINGS BOULEVARD
 Ocala FL 34470-6614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34470

4. FEI Number

59-3589320

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYFORD, LARRY W
5200 S.E. 24TH STREET
OCALA FL 34471

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.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MYFORD, LARRY W	
STREET ADDRESS	5200 S.E. 24TH STREET	
CITY - ST - ZIP	OCALA FL 34471	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MYFORD, DENISE M	
STREET ADDRESS	5200 S.E. 24TH STREET	
CITY - ST - ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKMAN, LISA	
STREET ADDRESS	5499 S.E. 44TH AVENUE	
CITY - ST - ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERNER, DAVID J	
STREET ADDRESS	1136 SE 18TH AVE	
CITY - ST - ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINKOUS, GARY	
STREET ADDRESS	112 SE 62ND TERRACE	
CITY - ST - ZIP	OCALA, FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/00

Daytime Phone #

352 624 4046

CR2E037 (9/99)