## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000004190

Entity Name: CAFE ON THE ROCK MINISTRIES, INC.

FILED Jan 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1 EAST SIL OCALA, FL		S BOULEVARD						
Current Mailing Address:				New Mailing Address:				
1 EAST SIL OCALA, FL		S BOULEVARD						
FEI Number:	59-3589320	FEI Number Applied For()	FEI Num	nber Not Appli	cable ( )	Certifica	te of Status De	sired()
Name and	Address of C	Current Registered Agent:		Name and	Address of	f New Reg	istered Ager	nt:
HICKMAN, LISA 5499 S.E. 44TH AVE OCALA, FL 34480 US				INMAN, SCOTT 1188 NW 124TH STREET CITRA, FL 32113 US				
The above in the State		submits this statement for the pu	rpose of	f changing it	s registerec	d office or re	egistered age	ent, or both,
SIGNATURE: SCOTT INMAN				01/26/2002				
	Electron	ic Signature of Registered Agen	t				Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	S TO OFF	ICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	DP ( ) HICKMAN, LISA 5499 S.E. 44TH OCALA, FL 34-	AVENUE		Title: Name: Address: City-St-Zip:	INMAN, SCO	4TH STREET	` '	
Title: Name: Address: City-St-Zip:	D ( ) WERNER, DAV 1136 SE 18TH OCALA, FL 34-	AVE		Title: Name: Address: City-St-Zip:		()Change(	) Addition	
Title: Name: Address: City-St-Zip:	D () LINKOUS, GAR 112 SE 62ND T OCALA, FL 34-	ERRACE		Title: Name: Address: City-St-Zip:		()Change(	) Addition	
Title: Name: Address: City-St-Zip:	D ( ) HICKMAN, TON 5499 S.E. 44TH OCALA, FL 34	AVE		Title: Name: Address: City-St-Zip:	PHILLIPS, K	TH TERRACE		
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	KERWOOD,	ND TERRACE	•	
Title: Name:	( )	Delete		Title: Name:	D JAMES, ROE	()Change( BERT	X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: MICHELLE KERWOOD D 01/26/2002

Address:

City-St-Zip:

1 E SILVER SPRINGS BLVD

OCALA, FL 34470