

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004539**

1. Entity Name  
**UPON THIS ROCK MINISTRIES, INC.**



Principal Place of Business  
**5870 S.W. 59TH STREET  
MIAMI, FL 33143**

Mailing Address  
**8081 NORRIS LAKE RD  
SNELLVILLE, FL 30039**



04082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0936096**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

**BYNUM, RICKEY  
5870 S.W. 59TH STREET  
MIAMI, FL 33143**

**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 fee 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  
**PD  
BYNUM, RICKEY  
5870 S.W. 59TH STREET  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BYNUM, CORA  
10902 SW 161ST ST  
MIAMI, FL 33157**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
JOYCE, BLAKEY  
5796 SW 59TH ST.  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEE, CARLOS  
5870 SW 59TH ST  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CASSON, JUSTIN  
200 N. 68TH AVE  
HOLLYWOOD, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000317898  
04/20/05-80037-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/05 770-929-8081**

Date

Daytime Phone #