2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004539

200 N. 68TH AVE

HOLLYWOOD, FL 33024

Address:

City-St-Zip:

IPON THIS ROCK MINISTRIES INC

FILED Apr 25, 2006 Secretary of State

Entity Name: UPON THIS ROCK MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 5870 S.W. 59TH STREET MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 8081 NORRIS LAKE RD SNELLVILLE, FL 30039 FEI Number: 65-0936096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BYNUM, RICKEY 5870 S.W. 59TH STREET MIAMI, FL 33143 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BYNUM, RICKEY Name: Name: 5870 S.W. 59TH STREET Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: TD Title: () Delete () Change () Addition Name: BYNUM, CORA Name: Address: 10902 SW 161ST ST Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: () Change () Addition JOYCE, BLAKEY Name: Name: 5796 SW 59TH ST. Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: () Delete Title: Title: () Change () Addition Name: LEE, CARLOS Name: 5870 SW 59TH ST Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: () Change () Addition CASSON, JUSTIN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RICKEY M. BYNUM PD 04/25/2006