

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90085 025 ****61.25

DOCUMENT # N99000007252

1. Entity Name

ON THIS ROCK COMMUNITY CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

**6702 N 32ND ST
 TAMPA FL 33610**

**PO BOX 311314
 TAMPA FL 33680**

763476



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3610834

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMILLAN, ELAINE
 6702 N 32ND ST
 TAMPA FL 33610**

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

Elaine McMillan

04-25-01

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: TCD
 NAME: MCMILLAN, JAMES
 STREET ADDRESS: 6702 N 32ND ST
 CITY-ST-ZIP: TAMPA FL 33610 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: T
 NAME: ROBINSON, EUGENE
 STREET ADDRESS: 6702 N 32ND ST
 CITY-ST-ZIP: TAMPA FL 33610 Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: T
 NAME: MCMILLAN, ELAINE
 STREET ADDRESS: 3702 N 32ND ST
 CITY-ST-ZIP: TAMPA FL 33610 Delete

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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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:

James McMillan
SIGNATURE REQUIRED

Date

Daytime Phone #

04-25-01

CR2E037 (10/00)