

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29319**

(1)

LIVING ROCK FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

P O BOX 607772
ORLANDO FL 32860

P O BOX 607772
ORLANDO FL 32860



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/14/1990

3a. Date of Last Report

07/19/1995

4. FEI Number

41-1589386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

THEODORSON, DENNIS R.
1562 GRACE LAKE CIRCLE
LONGWOOD FL 32750

81 Name

DENNIS R. THEODORSON

82 Street Address (P.O. Box Number is Not Acceptable)

375 PALM SPRINGS DR. #1208

83

84 City

ALTAMONTE SPRINGS FL

85 Zip Code

32701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Dennis R. Theodorsen

(NOTE: Registered Agent signature required when reinstating)

4/27/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THEODORSON, DENNIS R.
STREET ADDRESS 375 PALM SPRINGS DR., #1208
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32750 ☐ DELETE

TITLE STD
NAME THEODORSON, SYLVIA JOANN
STREET ADDRESS 375 PALM SPRINGS DR., #1208
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32750 ☐ DELETE

TITLE D
NAME GREIN, MICHELLE MARIE
STREET ADDRESS 375 PALM SPRINGS DR., #1410
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

100001807981
-05/06/96--01011--022
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dennis R. Theodorsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

407-260-5099

CR2E037 (12/95)

5/1/96