

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752246

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC0753600619**

**Entity Name:** ROCKLEDGE CHURCH OF CHRIST, INCORPORATED

**Current Principal Place of Business:**

2390 S. FISKE BLVD.  
ROCKLEDGE, FL 32955-3404

**Current Mailing Address:**

P.O. BOX 560417  
ROCKLEDGE, FL 32956-0417 US

**FEI Number:** 59-2134420

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROWELL, KELLY  
2390 S. FISKE BLVD.  
ROCKLEDGE, FL 32955 US

*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

**Officer/Director Detail :**

Title PD  
Name BREAKFIELD, III, P. THOMAS MR.  
Address 945 BLUEGRASS LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title T  
Name BURKEY, BELINDA  
Address 891 JAMESTOWN DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title SD  
Name GOMPF, RAYMOND H DR.  
Address 925 MEADOWLARK LANE  
City-State-Zip: MERRITT ISLAND FL

Title VP  
Name LINDSEY, JOHN MR.  
Address 580 SOUTH BREVARD AVENUE  
UNIT 843  
City-State-Zip: COCOA BEACH FL 32931

*I hereby 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 all other like empowered.*

**SIGNATURE:** BREAKFIELD, III , P. THOMAS MR.

**PRESIDENT**

**01/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date