

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26250

Entity Name: THE ROCK RE-FORMED CHURCH AND TRANSFORMATION CENTER, INC.**Current Principal Place of Business:**4224 28TH ST N
ST. PETERSBURG, FL 33714**Current Mailing Address:**4224 28TH ST N
ST. PETERSBURG, FL 33714 US**FEI Number: 59-2890359****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DELL, ROBERT M REV.
4224 28TH ST N
ST. PETERSBURG, FL 33714 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: REV. ROBERT M DELL****04/14/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT
Name	DELL, ROBERT M REV
Address	4224 28TH ST N
City-State-Zip:	ST. PETERSBURG FL 33714

Title	DIRECTOR
Name	MONLUX, OLGA M REV.
Address	4224 28TH ST N
City-State-Zip:	ST. PETERSBURG FL 33714

Title	DIRECTOR
Name	KENNEDY, ROBERT REV.
Address	4224 28TH ST N
City-State-Zip:	ST. PETERSBURG FL 33714

Title	SECRETARY, TREASURER
Name	HALL, TERRI L REV.
Address	4224 28TH ST N
City-State-Zip:	ST. PETERSBURG FL 33714

Title	VP
Name	SHIVERS, EDDIE L REV.
Address	4224 28TH ST N
City-State-Zip:	ST. PETERSBURG FL 33714

Title	ASST. SECRETARY, TREASURER
Name	BURGESS, KIMBERLEE A
Address	4224 28TH ST N
City-State-Zip:	ST. PETERSBURG FL 33714

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: OLGA MONLUX**DIRECTOR****04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date