FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 716730

SOLID ROCK CHURCH OF GOD OF KISSIMMEE, INC.

Principal Place of Business								
1904 N. MICHIG								

Mailing Address

1904 N. MICHIGAN AVE. KISSIMMEE FL 34744

FILED Feb 25, 1999 8:00 am Secretary of State

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2. Principal P	Place of Business 2a. Mailing Address				Date Incorporated or Qualifed					
21		26				06/12/1969				
Suite, Apt.	#, etc	Suite, Apt. #, etc.	•			4. FEI Number		- App	lied For	
22		27				59-1856374		Not	Applicable	
City & Stat	e	City & State				5 O different of District D	esired	\$8.75 A	dditional	
23		28			-	5. Certifcate of Status Do	esireo 📖	Fee Red	quired	
Zip	Country				6. Election Campaign Financing \$5.00 May E				May Be	
24	25	29 30			Trust Fund Contribution Added to Fee					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
				Name		1				
PLITTED THE POWER				82 Street Address (P.O. Box Number is Not Acceptable)						
BUTLER, THIERRY L 4451 KISSIMMEE PARK RD				82) Street Address (P.O. Box Nulliber is Not Acceptable)						
			83							
ST CLOUD FL 34772										
			84	City			F	L 85 Zip C		
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. Lam familia, with, and accept the obligations of, Section 617.0503, Florida Statutes.										
111111111111111111111111111111111111111										
SIGNATURE	Signature, typed or printed name of registered agent a		stered Agen	signature re	equired wh	en reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICERS A			
TITLE	T	☐ DELETE	1,1 TITLE	ļ	DIR	ector		Change	Addition	
NAME	BUTLER, MARYLU H		1.2 NAME		LAU	ECTOR RA HOLT 5 AVIANO AVE	DUE			
STREET ADDRESS	4451 KISSIMMEE PARK ROAD	· ·			760	5 AVIANO	- 010			
CITY-ST-ZIP	, i		1.4 CITY-ST		OR	LAND, FL 3	28/9			
TITLE	D	☐ DELETE	2.1 TITLE		,	(☐ Change	Addition	
NAME	BROOMES, JAMES		2.2 NAME							
STREET ADDRESS	BROOMED, OFFICE		2.3 STREET	ADDRESS						
CITY-ST-ZIP	700 AMETICATA COOM		2. 4 CITY-S	T- ZIP					İ	
TITLE	DS DS		3.1 TITLE		_			☐ Change	Addition	
NAME	YOUNG, ROBERT		3.2 NAME	1					ł	
STREET ADDRESS	314 DACAMA COURT		3.3 STREET	ADDRESS						
	KISSIMMEE FL 34758		3.4. CITY-S							
CITY-ST-ZIP TITLE	D D		4,1 TITLE	,- <u>2</u> ,				Change	☐ Addition	
NAME	SEALY, ALFRED		4. 2 NAME	1						
STREET ADDRESS	782 AMERICANA COURT		4.3 STREET	ADORESS					_ [
	KISSIMMEE FL		4.4 CITY-ST						}	
CITY-ST-ZIP TITLE			5.1 TITLE	- 211				☐ Change	☐ Addition	
NAME	D CADTEN MADIE	_	5.2 NAME						1	
	GARTEN, MARIE		5.3 STREET	ADDRESS						
STREET ADDRESS	2937 JOHNSON ST		5.4 CITY-ST							
TITLE	KISSIMMEE FL 34744		6.1 TITLE					☐ Change	Addition	
Ì	CD	_	6.2 NAME	1					_	
NAME	BUTLER, THIERRY L		6.3 STREET	ADORESS					ĺ	
STREET ADDRESS	4451 KISSIMMEE PARK ROAD								1	
CITY-ST-ZIP	KISSIMMEE FL		6.4 CITY-ST	-217		" 440.07(9\()\ Flid- 0		wife that the in		

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). 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, with all other like empowered.