

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749723 (3)**  
 1. Corporation Name  
**SOLID ROCK MINISTRIES, INC.**



Principal Place of Business 6311 CARDINAL ST HOMOSASSA SPRINGS FL 34468 US	Mailing Address RT.#1, BOX 698 SANDERSON FL 32087 US
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2. Principal Place of Business 21 <b>Moccasin Creek Circle</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>@ Box 698</b>	3. Date Incorporated or Qualified <b>11/08/1979</b>	3a. Date of Last Report <b>04/20/1995</b>
City & State 23 <b>Baxter, Florida</b>	City & State 28	4. FEI Number <b>59-2003633</b>	Applied For Not Applicable
Zip 24	Country 25 <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEONARD, JAY W. 6311 CARDINAL ST HOMOSASSA SPRINGS FL 34468</b>		10. Name and Address of New Registered Agent	
81 Name	<b>Jay W. Leonard</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>Moccasin Creek Circle</b>		
83	<b>@ Box 698</b>		
84 City	<b>Baxter</b>	85 State	<b>FL</b>
		86 Zip Code	<b>32087</b>

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 **Rev. Jay W. Leonard Pres.** 06/21/96  
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD LEONARD, JAY W.</b>	1.2 NAME	<b>Leonard, Jay W.</b>
STREET ADDRESS	<b>6311 CARDINAL ST</b>	1.3 STREET ADDRESS	<b>RT 1 Box 698</b>
CITY-ST-ZIP	<b>HOMOSASSA SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>Sanderson, Fl. 32087</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD LEONARD, JOAN F.</b>	2.2 NAME	<b>Leonard, Joan F.</b>
STREET ADDRESS	<b>6311 CARDINAL ST</b>	2.3 STREET ADDRESS	<b>RT 1 Box 698</b>
CITY-ST-ZIP	<b>HOMOSASSA SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>Sanderson, Fl. 32087</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SCOTT, VEDA</b>	3.2 NAME	<b>Scott, Veda</b>
STREET ADDRESS	<b>5130 BRITTANY DR. S #804</b>	3.3 STREET ADDRESS	<b>5130 Brittany Dr.S. # 106</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	<b>St. Petersburg, Fl. 33715</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:**  **JAY W. LEONARD** **6/21/96** **(904)259-9188**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)