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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 749723 (3)

1. Corporation Name
SOLID ROCK MINISTRIES, INC.



Principal Place of Business Mailing Address
MOCCASIN CREEK CIRCLE, P.O. BOX 698 BAXTER FL 34468 US
RT.#1, BOX 698 SANDERSON FL 32067-9733 US

3. Date Incorporated or Qualified 11/08/1979 3a. Date of Last Report 06/25/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2003633 Applied For Not Applicable
21 116 13th Street S.E. 26 P.O. Box 55
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired [] \$8.75 Additional Fee Required
23 Jasper, Florida 28 Jasper, Florida 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
24 32052 25 Hamilton 29 32052 30 Hamilton 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [x] No

9. Name and Address of Current Registered Agent LEONARD, JAY W
MOCCASIN CREEK CIRCLE
P.O. BOX 698
BAXTER FL 32067
10. Name and Address of New Registered Agent
81 Name Jay W. Leonard
82 Street Address (P.O. Box Number is Not Acceptable) 116 13th Street S.E.
83
84 City Jasper FL 85 Zip Code 32052

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [] DELETE	1.1 TITLE	PD [x] Change [] Addition
NAME	LEONARD, JAY W.	1.2 NAME	Jay W. Leonard
STREET ADDRESS	RT 1 BOX 698	1.3 STREET ADDRESS	116 13th Street S.E.
CITY-ST-ZIP	SANDERSON FL	1.4 CITY-ST-ZIP	Jasper. Fl. 32052
TITLE	STD [] DELETE	2.1 TITLE	STD [x] Change [] Addition
NAME	LEONARD, JOAN F.	2.2 NAME	Joan F. Leonard
STREET ADDRESS	RT 1 BOX 698	2.3 STREET ADDRESS	116 13th Street S.E.
CITY-ST-ZIP	SANDERSON FL	2.4 CITY-ST-ZIP	Jasper, Fl. 32052
TITLE	D [] DELETE	3.1 TITLE	D [x] Change [] Addition
NAME	SCOTT, VEDA	3.2 NAME	Vada Scott
STREET ADDRESS	5130 BRITTANY DR S # 106	3.3 STREET ADDRESS	5130 Brittany Dr, S. #106
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, Fl.
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] 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 does not qualify 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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-30-97 (904) 792-2487 Date Daytime Phone #0001768

CR2E037 (9/96)