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May 06, 1999 8:00 am
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05-06-1999 90209 025 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749723

1. Corporation Name
SOLID ROCK MINISTRIES, INC.

Principal Place of Business

511 4TH AVE SE
 JASPER FL 32052
 US

Mailing Address

P.O. BOX 55
 JASPER FL 32052
 US



2. Principal Place of Business

21 5130 Brittany Dr S

Suite, Apt. #, etc.
 22 # 101

23 City & State
 St. Petersburg, Fl.

24 Zip Country
 33715 US

2a. Mailing Address

26 79 Nowlan Road

Suite, Apt. #, etc.
 27

28 City & State
 Binghamton, N.Y.

29 Zip Country
 13901 US

3. Date Incorporated or Qualified
 11/08/1979

4. FEI Number
 59-2003633

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEONARD, JAY W
 511 4TH AVE SE
 JASPER FL 32052

10. Name and Address of New Registered Agent

81 Name
 Joan F. Leonard
 82 Street Address (P.O. Box Number is Not Acceptable)
 5130 Brittany Dr S #101
 83
 84 City
 St. Petersburg, FL
 85 Zip Code
 33715

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 Joan F. Leonard S/T/D
Signature, typed or printed name of registered agent and title if applicable.

Joan F. Leonard
(NOTE: Registered Agent signature required when reinstating)

04/27/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEONARD, JAY W.	
STREET ADDRESS	511 4TH AVE SE	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEONARD, JOAN F.	
STREET ADDRESS	511 4TH AVE SE	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VADA, SCOTT	
STREET ADDRESS	5130 BRITTANY DR S # 106	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leonard, Jay W.	
1.3 STREET ADDRESS	79 Nowlan Road	
1.4 CITY-ST-ZIP	Binghamton, N.Y. 13901	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leonard, Joan F.	
2.3 STREET ADDRESS	5130 Brittany Dr S #101	
2.4 CITY-ST-ZIP	St. Petersburg, Fl. 33715	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Scott, Vada	
3.3 STREET ADDRESS	5130 Brittany Dr S #106	
3.4 CITY-ST-ZIP	St. Petersburg, Fl. 33715	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: JAY W. LEONARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (007) 771-5477
Date Daytime Phone #

CR2E037 (11/98)