

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90012 033 \*\*\*\*61.25

**DOCUMENT # 749723**  
 1. Entity Name  
**SOLID ROCK MINISTRIES, INC.**

Principal Place of Business      Mailing Address  
**5130 BRITTANY DR. STREET**      **5130 BRITTANY DR. STREET**  
**101**      **101**  
**ST. PETERSBURG FL 33715**      **ST. PETERSBURG FL 33715-1511**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**5130 Brittany Dr.S.#101**      **P.O. Box 1653**  
 City & State      City & State  
**St. Petersburg, Fl**      **Calhahan, Fl**

Zip      Country      Zip      Country  
**33715**      **pinellas**      **32011**      **Nassau**

4. FEI Number      Applied For  
**59-2003633**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEONARD, JAY W**  
**5130 BRITANY DR S #101**  
**ST. PETERSBURG FL 33715**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. Jay W. Leonard Th.G.**      **04-28-00**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW:**      **FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>LEONARD, JAY W.</b>	
STREET ADDRESS	<b>79 NOWAN ROAD</b>	
CITY-ST-ZIP	<b>BINGHAMTON NY 13901</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>LEONARD, JOAN F.</b>	
STREET ADDRESS	<b>5130 BRITTANY DR. S. 101</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33715</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>VADA, SCOTT</b>	
STREET ADDRESS	<b>5130 BRITTANY DR. S. 101</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33715</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Leonard, Jay W.</b>	
STREET ADDRESS	<b>5130 Brittany Dr.S. #101</b>	
CITY-ST-ZIP	<b>St. Petersburg, Fl. 33715</b>	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Leonard, Joan F.</b>	
STREET ADDRESS	<b>5130 Brittany Dr.S. #101</b>	
CITY-ST-ZIP	<b>St. Petersburg, Fl. 33715</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott, Vada</b>	
STREET ADDRESS	<b>5130 Brittany Dr.S. #106</b>	
CITY-ST-ZIP	<b>St. Petersburg, Fl. 33715</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rev. Jay W. Leonard**      **04-28-00**      **(94) 899-7329**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)