


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 10514 N.W. 36 DRIVE 10514 N.W. 36 DRIVE
 JASPER FL 32052-5852 JASPER FL 32052-5852
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
 LEONARD, JAY W REV
 10514 N.W. 36 DRIVE
 JASPER FL 32052

4. FEI Number Applied For
59-2003633 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEONARD, JAY W REV	
STREET ADDRESS	10514 N.W. 36 DRIVE	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEONARD, JOAN F.	
STREET ADDRESS	10514 N.W. 36 DRIVE	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAZENBAKER, JOANNE L	
STREET ADDRESS	4684 PANAY DRIVE	
CITY-ST-ZIP	AKRON OH 44319	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000355496
 05/03/05-80149-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (REV. JAY W. LEONARD (RES)) 4-28-05 (386) 792-2603
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone #