


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|   |                      |   |   |   |  |
|---|----------------------|---|---|---|--|
| <b>DOCUMENT # 749723</b><br>1. Entity Name<br><b>SOLID ROCK MINISTRIES, INC.</b>  |                      |   |   |                |  |
| Principal Place of Business<br><b>10514 N.W. 36 DRIVE<br/>JASPER FL 32052-5852<br/>US</b>   |                      | Mailing Address<br><b>10514 N.W. 36 DRIVE<br/>JASPER FL 32052-5852<br/>US</b>                                       |   |   |  |
| 2. Principal Place of Business  |                      | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                      | Suite, Apt. #, etc.   |   |   |  |
| City & State  |                      | City & State  |   | 4. FCI Number<br><b>59-2003633</b>  |  |
| Zip   |                      | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |                      |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>LEONARD, JAY W REV<br/>10514 N.W. 36 DRIVE<br/>JASPER FL 32052</b>   |                      |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code         </div> |   |  |
| 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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable</small>                                  |                      |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>  |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   | <b>Make Check Payable to<br/>Florida Department of State</b>                                    |  |
| 10. OFFICERS AND DIRECTORS  |                      |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE   | PD                   | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | LEONARD, JAY W REV   |   | NAME  | <b>000000537429</b><br><b>05/09/06-80018-005 61.25</b>  |  |
| STREET ADDRESS  | 10514 N.W. 36 DRIVE  |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | JASPER FL 32052      |   | CITY - ST - ZIP   |   |  |
| TITLE   | STD                  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | LEONARD, JOAN F.     |   | NAME  |   |  |
| STREET ADDRESS  | 10514 N.W. 36 DRIVE  |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | JASPER FL 32052      |   | CITY - ST - ZIP   |   |  |
| TITLE   | D                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | FAZENBAKER, JOANNE L |   | NAME  |   |  |
| STREET ADDRESS  | 4684 PANAY DRIVE     |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   | AKRON OH 44319       |   | CITY - ST - ZIP   |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                      |   | NAME  |   |  |
| STREET ADDRESS  |                      |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |                      |   | CITY - ST - ZIP   |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                      |   | NAME  |   |  |
| STREET ADDRESS  |                      |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |                      |   | CITY - ST - ZIP   |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                      |   | NAME  |   |  |
| STREET ADDRESS  |                      |   | STREET ADDRESS  |   |  |
| CITY - ST - ZIP   |                      |   | CITY - ST - ZIP   |   |  |



1st MOORE      CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: \_\_\_\_\_ 04/27/06 (384) 792-2603