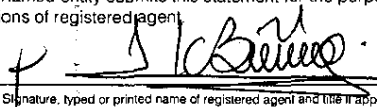
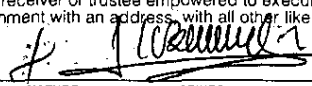


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90030 045 ****61.25

DOCUMENT # N01000006426 1. Entity Name SOLID ROCK TEMPLE OF FAITH MISSION INC.					
Principal Place of Business 4899 WEST COLONIAL DRIVE ORLANDO, FL 32808			Mailing Address 4899 WEST COLONIAL DRIVE ORLANDO, FL 32808		
2. Principal Place of Business 6836 SILVERSTAR ROAD Suite, Apt. #, etc. ORLANDO FL 32818 City & State		3. Mailing Address 6836 SILVERSTAR ROAD Suite, Apt. #, etc. ORLANDO FL 32818 City & State			
Zip 32818		Country U.S.A		4. FEI Number 59-3752244	
Zip 32818		Country U.S.A		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUESSAN, KOFFI N 4899 WEST COLONIAL DRIVE ORLANDO, FL 32808				7. Name and Address of New Registered Agent Name N'GUESSAN, KOFFI N Street Address (P.O. Box Number is Not Acceptable) 6836 SILVERSTAR ROAD ORLANDO FLORIDA City ORLANDO FL Zip Code 32818	
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  DATE 7-3-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 8, 2004		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D N'GUESSAN, KOFFI 4899 WEST COLONIAL DRIVE ORLANDO, FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUPLAN, ULRICK 4899 WEST COLONIAL DRIVE ORLANDO, FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFFI, BROU S 4899 WEST COLONIAL DRIVE ORLANDO, FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 				Date 7/03/2004 Daytime Phone #	