

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749723 (3)

1. Corporation Name

SOLID ROCK MINISTRIES, INC.

Principal Place of Business

Mailing Address

HC 2 BOX 6265
9
TALLAHASSEE FL 32310
US

26091 MOUNTAIN LK. RD
BROOKVILLE FL 34802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1979 3a. Date of Last Report 04/29/1994

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 6311 Cardinal Street

2a. Mailing Address 26 P.O. Box 3626

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State 23 Homosassa Springs

27 City & State 28 Homosassa Springs

24 Zip 34468

25 Country Citrus

29 Zip 34447

30 Country Citrus

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEONARD, JAY W.
26091 MOUNTAIN LK. RD
BROOKVILLE FL 34802

81 Name Jay W. Leonard
82 Street Address (P.O. Box Number is Not Acceptable) 6311 Cardinal Street
83
84 City Homosassa Springs FL 85 Zip Code 34468

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Jay W. Leonard, President, 4/17/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEONARD, JAY W.
STREET ADDRESS 26091 MOUNTAIN LAKE RD
CITY - ST - ZIP BROOKVILLE FL 34802

1.1 TITLE PD
1.2 NAME Leonard, Jay W.
1.3 STREET ADDRESS 6311 Cardinal Street
1.4 CITY - ST - ZIP Homosassa Springs, Fl. 34468

TITLE STD
NAME LEONARD, JOAN F.
STREET ADDRESS 5130 BRITTANY DR. S #804
CITY - ST - ZIP ST. PETERSBURG FL

2.1 TITLE STD
2.2 NAME Leonard, Joan F.
2.3 STREET ADDRESS 6311 Cardinal Street
2.4 CITY - ST - ZIP Homosassa Springs, Fl. 34468

TITLE D
NAME SCOTT, VEDA
STREET ADDRESS 5130 BRITTANY DR. S #804
CITY - ST - ZIP ST. PETERSBURG FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rev. Jay W. Leonard President

4-17-95 (904) 621-0388

Date

Telephone Number