

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749723** (3)

1. Corporation Name

**SOLID ROCK MINISTRIES, INC.**

Principal Place of Business

**6311 CARDINAL ST  
HOMOSASSA SPRINGS FL 34468  
US**

Mailing Address

**RT.#1, BOX 698  
SANDERSON FL 32087  
US**



3. Date Incorporated or Qualified <b>11/08/1979</b>	3a. Date of Last Report <b>04/20/1995</b>
4. FEI Number <b>59-2003633</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>Moccasin Creek Circle</b>	2a. Mailing Address 26 <b>RT.#1, BOX 698</b>
Suite, Apt. #, etc. 22 <b>@ Box 698</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Baxter, Florida</b>	City & State 28
Zip 24 <b>34468</b>	Zip 29 <b>32087</b>
Country 25 <b>US</b>	Country 30 <b>US</b>

9. Name and Address of Current Registered Agent

**LEONARD, JAY W.  
6311 CARDINAL ST  
HOMOSASSA SPRINGS FL 34468**

10. Name and Address of New Registered Agent

81 Name **Jay W. Leonard**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Moccasin Creek Circle**  
83 **@ Box 698**  
84 City **Baxter** FL 85 Zip Code **32087**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Rev. Jay W. Leonard Pres.**

**06/21/96**

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

Signature of Registered Agent required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LEONARD, JAY W.	1.2 NAME	Leonard, Jay W.
STREET ADDRESS	6311 CARDINAL ST	1.3 STREET ADDRESS	RT 1 Box 698
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	1.4 CITY-ST-ZIP	Sanderson, Fl. 32087
TITLE	STD	2.1 TITLE	STD
NAME	LEONARD, JOAN F.	2.2 NAME	Leonard, Joan F.
STREET ADDRESS	6311 CARDINAL ST	2.3 STREET ADDRESS	RT 1 Box 698
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	2.4 CITY-ST-ZIP	Sanderson, Fl. 32087
TITLE	D	3.1 TITLE	D
NAME	SCOTT, VEDA	3.2 NAME	Scott, Veda
STREET ADDRESS	5130 BRITTANY DR. S #804	3.3 STREET ADDRESS	5130 Brittany Dr.S. # 106
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, Fl. 33715
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAY W. LEONARD**

**6/21/96**

**(904)259-9188**

Date

Daytime Phone #

CR2E037 (3/96)