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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749723 (3)

1. Corporation Name

SOLID ROCK MINISTRIES, INC.

Principal Place of Business

Mailing Address

MOCCASIN CREEK CIRCLE, P.O. BOX 698
BAXTER FL 34468
USRT.#1, BOX 698
SANDERSON FL 32087-9733
US3. Date Incorporated or Qualified
11/08/19793a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 116 13th Street S.E.

26 P.O. Box 55

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jasper, Florida

28 Jasper, Florida

Zip

Country

Zip

Country

24 32052

25 Hamilton

29 32052

30 Hamilton

4. FEI Number
59-2003633Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEONARD, JAY W
MOCCASIN CREEK CIRCLE
P.O. BOX 698
BAXTER FL 3208781 Name
Jay W. Leonard82 Street Address (P.O. Box Number is Not Acceptable)
116 13th Street S.E.

83

84 City

Jasper

FL

85 Zip Code
32052

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

Signature, typed or printed name of registered agent and time 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 RT 1 BOX 698
CITY-ST-ZIP SANDERSON FL

DELETE

TITLE STD
NAME LEONARD, JOAN F.
STREET ADDRESS RT 1 BOX 698
CITY-ST-ZIP SANDERSON FL

DELETE

TITLE D
NAME SCOTT, VEDA
STREET ADDRESS 5130 BRITTANY DR S # 108
CITY-ST-ZIP ST. PETERSBURG FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE PD
1.2 NAME Jay W. Leonard
1.3 STREET ADDRESS 116 13th Street S.E.
1.4 CITY-ST-ZIP Jasper, Fl. 32052

Change Addition

2.1 TITLE STD
2.2 NAME Joan F. Leonard
2.3 STREET ADDRESS 116 13th Street S.E.
2.4 CITY-ST-ZIP Jasper, Fl. 32052

Change Addition

3.1 TITLE D
3.2 NAME Vada Scott
3.3 STREET ADDRESS 5130 Brittany Dr, S. #106
3.4 CITY-ST-ZIP St. Petersburg, Fl.

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 (904) 792-2487
Date Daytime Phone #0001789

CR2E037 (9/96)