2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 25, 2009
Secretary of State

DOCUMENT# 701514

Entity Name: SOLID ROCK BAPTIST CHURCH OF ALTAMONTE SPRINGS, INC.

Current Principal Place of Business:

8801 MAGNOLIA HOMES RD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

8801 MAGNOLIA HOMES RD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-1390104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARDWELL, MICHAEL
8801 MAGNOLIA HOMES RD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	BARDWELL, MICHAEL B	
Address:	8801 MAGNOLIA HOMES RD	
City-St-Zip:	ORLANDO, FL 32810	
Title:	VP	( ) Delete
Name:	RIGGS, JAMES	
Address:	3610 LATE MORNING CR.	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	DIR	( ) Delete
Name:	BARDWELL, DIANE	
Address:	8801 MAGNOLIA HOMES RD	
City-St-Zip:	ORLANDO, FL 32810	
Title:	SEC	( ) Delete
Name:	BARDWELL, SARA M	
Address:	3800 CALLOWAY DRIVE	
City-St-Zip:	ORLANDO, FL 32810	
Title:	TREA	( ) Delete
Name:	WILLIAMS, ANGELA	
Address:	4216 RUNDLE RD.	
City-St-Zip:	ORLANDO, FL 32810	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BARDWELL PRES 09/25/2009

Electronic Signature of Signing Officer or Director — Date