

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 716730 (7)**  
1. Corporation Name  
**SOLID ROCK CHURCH OF GOD OF KISSIMMEE, INC.**

**FILED**  
**95 JUL -7 AM 8:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Principal Place of Business Mailing Address  
**1904 N. MICHIGAN AVE. KISSIMMEE FL 34744**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 25 29 30

3. Date Incorporated or Qualified **06/12/1969** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1856374** Applied For Not Applicable  
5. Certificate of Status Desired  **\$0.75 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  **FILING FEES \$61.25**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HICKSON, JERRY**  
**1904 N. MICHIGAN AVE.**  
**KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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: *Jerry Hickson* DATE: June 29, 1995  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DT</b>
NAME	<b>LINEAU, PAUL</b>
STREET ADDRESS	<b>2310 ANHINGA</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>
TITLE	<b>D</b>
NAME	<b>BROOMES, JAMES</b>
STREET ADDRESS	<b>708 AMERICANA COURT</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>
TITLE	<b>PCD</b>
NAME	<b>HICKSON, JERRY</b>
STREET ADDRESS	<b>2400 N DENN JOHN LANE</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>
TITLE	<b>DS</b>
NAME	<b>SEALY, ALFRED</b>
STREET ADDRESS	<b>782 AMERICANA COURT</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>
TITLE	<b>D</b>
NAME	<b>WESTBROOK, DALCA</b>
STREET ADDRESS	<b>113 MACON WAY</b>
CITY - ST - ZIP	<b>ST. CLOUD FL</b>
TITLE	<b>D</b>
NAME	<b>SHRADER, KURT</b>
STREET ADDRESS	<b>1540 BROOKSIDE</b>
CITY - ST - ZIP	<b>KISSIMMEE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Marylu H. Butler</b>	
1.3 STREET ADDRESS	<b>4451 Kissimmee Park Road</b>	
1.4 CITY - ST - ZIP	<b>St. Cloud, FL 34772</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(b), 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: *Jerry Hickson* DATE: June 29, 1995 (407) 870-1847  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/95)