

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 22 1996 8:00 am**  
Secretary of State

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



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

3. Date Incorporated or Qualified **06/12/1969** 3a. Date of Last Report **07/07/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-1856374</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HICKSON, JERRY**  
**1904 N. MICHIGAN AVE.**  
**KISSIMMEE FL 34744**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUTLER, MARYLU H</b>	1.2 NAME	<b>DIRECTOR/SECRETARY</b>
STREET ADDRESS	<b>4451 KISSIMMEE PARK ROAD</b>	1.3 STREET ADDRESS	<b>THIERRY L. BUTLER</b>
CITY-ST-ZIP	<b>ST CLOUD FL</b>	1.4 CITY-ST-ZIP	<b>4451 KISSIMMEE PARK ROAD</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BROOMES, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>708 AMERICANA COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKSON, JERRY</b>	3.2 NAME	
STREET ADDRESS	<b>2400 N DENN JOHN LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DE</del> <b>SEALY, ALFRED</b>	4.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>782 AMERICANA COURT</b>	4.3 STREET ADDRESS	<b>ALFRED SEALY</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	4.4 CITY-ST-ZIP	<b>782 AMERICANA COURT</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D WESTBROOK, DALCA</b>	5.2 NAME	
STREET ADDRESS	<b>113 MACON WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SHRADER, KURT</del>	6.2 NAME	
STREET ADDRESS	<b>1540 BROOKSIDE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	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: *Jerry Hickson* Date: Daytime Phone: #

CR2E037 (12/95)