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02-25-1999 90011 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716730

1. Corporation Name

SOLID ROCK CHURCH OF GOD OF KISSIMMEE, INC.

115913 90011 46

Principal Place of Business

1904 N. MICHIGAN AVE.
KISSIMMEE FL 34744

Mailing Address

1904 N. MICHIGAN AVE.
KISSIMMEE FL 34744



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/12/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1856374

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTLER, THIERRY L
4451 KISSIMMEE PARK RD
ST CLOUD FL 34772

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

Thierry L. Butler

THIERRY L. BUTLER

1/17/99

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TILE T DELETE
NAME BUTLER, MARYLU H
STREET ADDRESS 4451 KISSIMMEE PARK ROAD
CITY-ST-ZIP ST CLOUD FL

1.1 TITLE DIRECTOR Change Addition
1.2 NAME LAURA HOLT
1.3 STREET ADDRESS 7605 AVIANO AVENUE
1.4 CITY-ST-ZIP ORLAND, FL 32819

TILE D DELETE
NAME BROOMES, JAMES
STREET ADDRESS 708 AMERICANA COURT
CITY-ST-ZIP KISSIMMEE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TILE DS DELETE
NAME YOUNG, ROBERT
STREET ADDRESS 314 DACAMA COURT
CITY-ST-ZIP KISSIMMEE FL 34758

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TILE D DELETE
NAME SEALY, ALFRED
STREET ADDRESS 782 AMERICANA COURT
CITY-ST-ZIP KISSIMMEE FL

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

TILE D DELETE
NAME GARTEN, MARIE
STREET ADDRESS 2937 JOHNSON ST
CITY-ST-ZIP KISSIMMEE FL 34744

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

TILE CD DELETE
NAME BUTLER, THIERRY L
STREET ADDRESS 4451 KISSIMMEE PARK ROAD
CITY-ST-ZIP KISSIMMEE FL

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

14. I 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, with all other like empowered.

SIGNATURE: *Marylou Butler* MARYLOU BUTLER 1-18-99 407-931-5287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)