## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 716730** Jan 20, 2000 8:00 am **Secretary of State** SOLID ROCK CHURCH OF GOD OF KISSIMMEE, INC. 01-20-2000 90127 031 \*\*\*\*61.25 Principal Place of Business Mailing Address 1904 N. MICHIGAN AVE. 1904 N. MICHIGAN AVE KISSIMMEE FL 34744 KISSIMMEE FL 34744-3505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1856374 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BUTLER, THIERRY L 4451 KISSIMMEE PARK RD ST CLOUD FL 34772 Zip Code FL 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, ☐ Change ☐ Addition TITLE Delete TITLE BUTLER, MARYLU H NAME NAME STREET ADDRESS 4451 KISSIMMEE PARK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP st cloud fl D ☐ Delete ☐ Change ☐ Addition TITLE TITI F **BROOMES, JAMES** NAME NAME STREET ADDRESS 708 AMERICANA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL DS ☐ Change ☐ Addition TITLE Delete TITLE YOUNG, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 314 DACAMA COURT CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Change ☐ Addition ☐ Delete TITLE TITLE Sealy, Alfred NAME NAME STREET ADDRESS STREET ADDRESS 782 AMERICANA COURT CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE HOLT, LAURA NAME NAME STREET ADDRESS 7605 AVIANO AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition TITLE Delete TITLE Change BUTLER, THIERRY L NAME NAME STREET ADDRESS 4451 KISSIMMEE PARK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 12. 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 report or supplemental 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 10 or Block 11 if