

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90192 016 ****61.25

DOCUMENT # 716730

1. Entity Name

SOLID ROCK CHURCH OF GOD OF KISSIMMEE, INC.

Principal Place of Business

Mailing Address

**1904 N. MICHIGAN AVE.
 KISSIMMEE FL 34744**

**1904 N. MICHIGAN AVE.
 KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1856374

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T BUTLER, MARYLU H	<input type="checkbox"/> Delete
STREET ADDRESS	4451 KISSIMMEE PARK ROAD	
CITY-ST-ZIP	ST CLOUD FL	
TITLE NAME	D BROOMES, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	708 AMERICANA COURT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE NAME	DS YOUNG, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	314 DACAMA COURT	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE NAME	D SEALY, ALFRED	<input type="checkbox"/> Delete
STREET ADDRESS	782 AMERICANA COURT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE NAME	D HOLT, LAURA	<input type="checkbox"/> Delete
STREET ADDRESS	7605 AVIANO AVENUE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	CD BUTLER, THIERRY L	<input type="checkbox"/> Delete
STREET ADDRESS	4451 KISSIMMEE PARK ROAD	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marylu Butler **MARYLU BUTLER** 1/28/01 407-847-3500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)