


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 716730
1. Entity Name
SOLID ROCK CHURCH OF GOD OF KISSIMMEE, INC.



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

Mailing Address
**1904 N. MICHIGAN AVE.
KISSIMMEE, FL 34744**

DO NOT WRITE IN THIS SPACE



01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1856374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BUTLER, THIERRY L
4451 KISSIMMEE PARK RD
ST CLOUD, FL 34772**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, MARYLU H 4451 KISSIMMEE PARK ROAD ST CLOUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOMES, JAMES 708 AMERICANA COURT KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YOUNG, ROBERT 314 DACAMA COURT KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEALY, ALFRED 782 AMERICANA COURT KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, DAWN 1023 WHISPERING CYPRESS LANE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUTLER, THIERRY L 4451 KISSIMMEE PARK ROAD KISSIMMEE, FL

1100000211598
02/02/05-80125-024 61.25

DO NOT WRITE IN THIS SPACE

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 Treasurer, 1/30/05 407-931-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone