

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90156 048 \*\*\*\*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**

**20012952**



CHECK HERE IF MAKING CHANGES

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

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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:

*SIGNATURE OF REGISTERED AGENT*  
**MARIA BUTLER, 1-15-03**

407-931-5200

CR2E037 (10/02)