2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728697

FILED Aug 25, 2009 Secretary of State

Entity Name: SOLID ROCK OF JESUS ONLY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 718 OLEANDER ST NEW SMYRNA BEACH, FL 32168 **Current Mailing Address: New Mailing Address:** 711 CHERRY ST NEW SMYRNA BEACH, FL 32168 FEI Number: 50-0300074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIVES, ERCELLE D 711 CHERRY STREET NEW SMYRNA BEACH, FL 32168 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HILL, WALTER JR Name: Name: 1816 JUNIPER DRIVE Address: Address: City-St-Zip: EDGEWATER, FL 32132 City-St-Zip: Title: **VPTD** (X) Change () Addition

Name:

Title:

Address:

City-St-Zip:

Title: VSD () Delete Name: HIVES, ERCELLE D Address: 711 CHERRY STREET

City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete WRIGHT, ELNORA H Name: 905 SPRUCE STREET Address:

City-St-Zip: NEW SMYRNA BEACH, FL 32168

() Delete Title: TD

HILL, JUDY Name: 1816 JUNIPER DR Address: City-St-Zip: EDGEWATER, FL 32132 WRIGHT, ELNORA

NEW SMYRNA BEACH, FL 32168

(X) Change () Addition

Name: 905 SPRUCE STREET Address:

ATD

City-St-Zip: NEW SMYRNA BEACH, FL 32168

HIVES, ERCELLE D

711 CHERRY STREET

Title: SD (X) Change () Addition

HILL, JUDY Name:

1816 JUNIPER DR Address: City-St-Zip: EDGEWATER, FL 32132

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERCELLE D. HIVES **VPDT** 08/25/2009