

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749723

1. Entity Name

SOLID ROCK MINISTRIES, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90012 033 ****61.25

Principal Place of Business

5130 BRITTANY DR. STREET
101
ST. PETERSBURG FL 33715
US

Mailing Address

5130 BRITTANY DR. STREET
101
ST. PETERSBURG FL 33715-1511
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5130 Brittany Dr.S.#101

Suite, Apt. #, etc.

P.O. Box 1653

City & State

St. Petersburg, FL

City & State

Callahan, FL

Zip

33715

Country

pinellas

Zip

32011

Country

Nassau

4. FEI Number

59-2003633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, JAY W
5130 BRITANY DR S #101
ST. PETERSBURG FL 33715

7. Name and Address of New Registered Agent

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 Rev. Jay W. Leonard Th.G.

04-28-00

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

TITLE PD ☐ Delete
NAME LEONARD, JAY W.
STREET ADDRESS 79 NOWMAN ROAD
CITY-ST-ZIP BINGHAMTON NY 13901

TITLE STD ☐ Delete
NAME LEONARD, JOAN F.
STREET ADDRESS 5130 BRITTANY DR. S. 101
CITY-ST-ZIP ST PETERSBURG FL 33715

TITLE D ☐ Delete
NAME VADA, SCOTT
STREET ADDRESS 5130 BRITTANY DR. S. 101
CITY-ST-ZIP ST PETERSBURG FL 33715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Leonard, Jay W.
STREET ADDRESS 5130 Brittany Dr.S. #101
CITY-ST-ZIP St. Petersburg, FL. 33715

TITLE STD ☐ Change ☐ Addition
NAME Leonard, Joan F.
STREET ADDRESS 5130 Brittany Dr.S. #101
CITY-ST-ZIP St. Petersburg, FL. 33715

TITLE D ☒ Change ☐ Addition
NAME Scott, Vada
STREET ADDRESS 5130 Brittany Dr.S. #106
CITY-ST-ZIP St. Petersburg, FL. 33715

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)