

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90047 031 \*\*\*\*61.25

**DOCUMENT # 749723**

1. Entity Name

**SOLID ROCK MINISTRIES, INC.**

Principal Place of Business

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

Mailing Address

**P O BOX 1653  
CALLAHAN FL 32011  
US**

2. Principal Place of Business

**2123 Mickler Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Callahan, FL**

City & State

4. FEI Number

**59-2003633**

Applied For

Not Applicable

Zip

**32011**

Country

**Nassau**

Zip

Country

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

**Rev. Jay W. Leonard Th.G.**

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

**2123 Mickler Street**

City

**Callahan,**

**FL**

Zip Code

**32011**

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

(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 NOWLAN 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 **Rev. Jay W. Leonard Th.G.**  
STREET ADDRESS **2123 Mickler Street**  
CITY-ST-ZIP **Callahan, FL. 32011**

TITLE **STD** ☒ Change ☐ Addition  
NAME **Joan F. Leonard**  
STREET ADDRESS **2123 Mickler Street**  
CITY-ST-ZIP **Callahan, FL. 32011**

TITLE **D** ☒ Change ☐ Addition  
NAME **Vada Scott**  
STREET ADDRESS **5130 Brittany Dr. So. #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 (10/00)