

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91802 036 ****61.25

DOCUMENT # 749723

1. Entity Name

SOLID ROCK MINISTRIES, INC.



Principal Place of Business

**1177 MARY STREET
JENNINGS FL 32053
US**

Mailing Address

**P.O. BOX 276
JENNINGS FL 32053
US**

2. Principal Place of Business

5807 N.W. 47th Court

Suite, Apt. #, etc.

3. Mailing Address

5807 N.W. 47th Court

Suite, Apt. #, etc.

City & State

Jennings, Florida

City & State

Jennings, Florida

Zip

32053

Country

Hamilton

Zip

32053

Country

Hamilton

4. FEI Number **59-2003633**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEONARD, JAY W REV
1177 MARY STREET
JENNINGS FL 32053**

7. Name and Address of New Registered Agent

Name
Rev. Jay W. Leonard, Th.G.

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

5807 N.W. 47th Court

City

Jennings,

FL

Zip Code
32053

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-03

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

TITLE **PD** ☐ Delete
NAME **LEONARD, JAY W REV**
STREET ADDRESS **1177 MARY STREET**
CITY-ST-ZIP **JENNINGS FL 32053**

TITLE **STD** ☐ Delete
NAME **LEONARD, JOAN F.**
STREET ADDRESS **1177 MARY STREET**
CITY-ST-ZIP **JENNINGS FL 32053**

TITLE **D** ☐ Delete
NAME **FAZENBAKER, JOANNE L**
STREET ADDRESS **4684 PANAY DRIVE**
CITY-ST-ZIP **AKRON OH 44319**

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, Rev. Jay W. Th.G.**
STREET ADDRESS **5807 N.W. 47th Court**
CITY-ST-ZIP **Jennings, Fl. 32053**

TITLE **STD** ☒ Change ☐ Addition
NAME **Leonard, Joan F.**
STREET ADDRESS **5807 N.W. 47th Court**
CITY-ST-ZIP **Jennings, Fl. 32053**

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

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: **Rev. Jay W. Leonard, Th.G.** **04-28-03** **(386) 938-4508**

CR2E037 (10/02)