

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90621 005 ****61.25

DOCUMENT # N00000004996

1. Entity Name

SOLID ROCK CHRISTIAN CENTER, INC.

Principal Place of Business

3663 WEBBER RD.
 SARASOTA FL 34231

Mailing Address

2241 ROSELAWN ST.
 SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

P.O. Box 15438

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

Country

34277

Country

USA

4. FEI Number

65-1065704

Applied For

Not Applicable

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

OVERHOLT, ANDREA
 2241 ROSELAWN ST.
 SARASOTA FL 34231

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

4017 Crockers Lk Blvd Apt. 1414
 City Sarasota FL Zip Code 34238

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 Andrea Overholt

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

(NOTE: Registered Agent signature required when reinstating)

4-12-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | CPD | <input type="checkbox"/> Delete |
| NAME | OVERHOLT, FRED A | |
| STREET ADDRESS | 2241 ROSELAWN ST. | |
| CITY-ST-ZIP | SARASOTA FL 34231 | |
| TITLE | VSTD | <input type="checkbox"/> Delete |
| NAME | OVERHOLT, ANDREA | |
| STREET ADDRESS | 2241 ROSELAWN ST. | |
| CITY-ST-ZIP | SARASOTA FL 34231 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARR, SHANE | |
| STREET ADDRESS | 5242 OLD ASHWOOD DR. | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | GINGERICH, LUKE A | |
| STREET ADDRESS | 3455 CLARINDA ST | |
| CITY-ST-ZIP | SARASOTA FL 34239 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | DAVID SUTTON | |
| STREET ADDRESS | 2241 ROSELAWN ST. | |
| CITY-ST-ZIP | SARASOTA, FL. 34231 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRED A. OVERHOLT | |
| STREET ADDRESS | 4017 CROCKERS LK BLVD. APT. 1414 | |
| CITY-ST-ZIP | SARASOTA, FL. 34238 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Andrea Overholt | |
| STREET ADDRESS | 4017 Crockers LK Blvd #1414 | |
| CITY-ST-ZIP | Sarasota FL 34238 | |
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Shane Carr | |
| STREET ADDRESS | 24 E. BAY ST. #6 | |
| CITY-ST-ZIP | OSPREY, FL. 34228 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVID SUTTON | |
| STREET ADDRESS | 2241 ROSELAWN ST. | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (9/01)

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: Andrea Overholt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02 941-925-4938

Date

Daytime Phone #