

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006260

FILED  
Jul 08, 2002 8:00 AM  
Secretary of State

**Entity Name:** SOLID ROCK APOSTOLIC FAITH MINISTRIES INC.

**Current Principal Place of Business:**

2950 MATTHEW DR  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

2950 MATTHEW DR  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARROD, JOHN  
2950 MATTHEW DR  
ROCKLEDGE, FL 32955

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: BRITT, KATRISA  
Address: 517 CLARK ST  
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete  
Name: ROSS, ANGELA  
Address: 6460 KINGDOM AVE  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: GROGAN, LISA  
Address: 800 N FISKE BLVD APT 401  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: ELMORE, CLARENCE  
Address: 425 MONROE ST  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: HARROD, JOHN  
Address: 2950 MATTHEW DR  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN HARROD

D

07/08/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date