

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009941

FILED
Jun 01, 2009
Secretary of State

Entity Name: SOLID ROCK APOSTOLIC MINISTRY INC.

Current Principal Place of Business:

1780 N. JEFFERSON STREET
PERRY, FL 32348 US

New Principal Place of Business:

Current Mailing Address:

1780 N. JEFFERSON STREET
PERRY, FL 32348 US

New Mailing Address:

FEI Number: 42-1566615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CALHOUN, JAMES SR.
184 MYRTLE STREET
PERRY, FL 32348 US

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: PD () Delete
Name: CALHOUN, JAMES SR.
Address: 184 MYRTLE STREET
City-St-Zip: PERRY, FL 32348 US

Title: S () Delete
Name: FREEMAN, APRIL
Address: 1982 SUNSET LANE
City-St-Zip: PERRY, FL 32348 US

Title: TD () Delete
Name: BULLARD, SUZZETTE
Address: 184 MYRTLE STREET
City-St-Zip: PERRY, FL 32348 US

Title: VP () Delete
Name: CALHOUN, RUSA
Address: 184 MYRTLE STREET
City-St-Zip: PERRY, FL 32348 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: BM () Change (X) Addition
Name: CHESTER, JAMES B SR.
Address: 1310 S SPARROW ST
City-St-Zip: PERRY, FL 32347

Title: BM () Change (X) Addition
Name: TOWNSEND, MARVIN L
Address: 3309 US 19S LOT 228
City-St-Zip: PERRY, FL 32348

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: APRIL FREEMAN

S

06/01/2009

Electronic Signature of Signing Officer or Director

Date