

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002415

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** SOLID ROCK DELIVERANCE EVANGELISTIC CENTER INC.

**Current Principal Place of Business:**

1610 ELIZABETH STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1610 ELIZABETH STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 54-2147520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WASHINGTON, ADRIN  
1610 ELIZABETH STREET  
JACKSONVILLE, FL 32206 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: D ( ) Delete  
Name: WASHINGTON, ADRIN  
Address: 1610 ELIZABETH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: WASHINGTON, MONITUE R  
Address: 1610 ELIZABETH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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

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

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

Title: D (X) Change ( ) Addition  
Name: WASHINGTON, MONIQUE R  
Address: 1610 ELIZABETH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: O ( ) Change (X) Addition  
Name: THOMAS, MESHANDRA  
Address: 5844 HOLLY HOCK  
City-St-Zip: JACKSONVILLE, FL 32209

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: ADRIN WASHINGTON

D

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date