

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004789

FILED
Jan 29, 2009
Secretary of State

Entity Name: SOLID ROCK INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

12855 OLD ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

12855 OLD ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-2561893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIGLER, DEXTER
3712 WICKLOW MANOR CT.
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

MINES, JEROME
12818 JULINGTON FOREST DR.
JACKSONVILLE, FL 32258 US

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: JEROME MINES

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, VERNON L SR
Address: 8624 SANLANDO AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD () Delete
Name: FRANKLIN, MANNYE B
Address: 2932 LANTANA LAKES DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD () Delete
Name: SEIGLER, DEXTER
Address: 3712 WICKLOW MANOR CT.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: WALKER, CYNTHIA
Address: 8624 SANLANDO AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD (X) Change () Addition
Name: MINES, JEROME
Address: 12818 JULINGTON FOREST DR
City-St-Zip: JACKSONVILLE, FL 32258

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: VERNON WALKER

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date