2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002607

OSBORNE, GAIL

3642 MINDY ASHLEY LANE

JACKSONVILLE, FL 32218

Name:

Address: City-St-Zip: FILED Apr 30, 2007 Secretary of State

Entity Na	me: SOLID	FOUNDATION CH	URCH, INC.			•	
Current Principal Place of Business:				New Principal Place of Business:			
3642 MINDY ASHLEY LANE JACKSONVILLE, FL 32218				5685 NORWOOD AVENUE JACKSONVILLE, FL 32208			
Current Mailing Address:				New Mailing Address:			
3642 MINDY ASHLEY LANE JACKSONVILLE, FL 32218				P.O. BOX 26634 JACKSONVILLE, FL 32226			
FEI Number	: 20-3983345	FEI Number App	lied For() FEI Nu	ımber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1840 SW 2 4TH FLOC MIAMI, FL The above	OR 33145 US named ent e of Florida. RE:			of changing i	ts registere	d office or registered agent, or both,	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD WILLIAMS, 3642 MIND	() Delete		Title: Name: Address: City-St-Zip:	SICHANGI	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete LINDA C / ASHLEY LANE ILLE, FL 32218		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		()Delete RETHA / ASHLEY LANE ILLE, FL 32218		Title: Name: Address: City-St-Zip:		(X) Change ()Addition RETHA / ASHLEY LANE ILLE, FL 32218	
Title:	TD	() Delete		Title:		() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JERRY J WILLIAMS PD 04/30/2007