


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90037 037 \*\*\*\*70.00

<b>DOCUMENT # N07000010177</b>		
1. Entity Name <b>THE SOLID ROCK CHURCH, INCORPORATED</b>		

Principal Place of Business <b>308 HERNANDO ROAD WINTER HAVEN FL 33884</b>	Mailing Address <b>PO BOX 926 WINTER HAVEN FL 33882</b>
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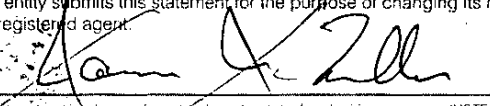
2. Principal Place of Business - No P.O. Box # <b>315 N OMAHA ST.</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>LAKE HAMILTON FL</b>	City & State
Zip <b>33851</b>	Country <b>USA</b>

4. FEI Number <b>14-2011509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ZELLER, JAMES 308 HERNANDO ROAD WINTER HAVEN FL 33884</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  DATE <b>4-9-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW. FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ZELLER, JAMES 308 HERNANDO ROAD WINTER HAVEN FL 33884</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SIMPSON, JEFFREY LAKE LINK DRIVE WINTER HAVEN FL 33884</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ZELLER, JAMES 308 HERNANDO ROAD WINTER HAVEN FL 33884</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ANDREW S. DOAN 315 N. OMAHA ST (MAIL USE ONLY A.D. BOX 546) LAKE HAMILTON FL 33851</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD NANCY MEYER 4204 GLENNS PASS WINTER HAVEN FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DAVID ROHRBAUGH 581 ST. ANDREWS RD WINTER HAVEN FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD YVONNE PLUMMER 672 WAKULLA DR. SE WINTER HAVEN FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDMUND ACKENBACK 814 WATER OAKS DR SW WINTER HAVEN FL 33880</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAM JOHNSON 261 CHALET ESTATES ST. LAKE WALES FL 33859</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: 	DATE: <b>4/3/08</b>
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## ATTACHMENT

DOCUMENT # N07000010177

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WINTER HAVEN FL 33884

Mailing Address

PO BOX 926  
WINTER HAVEN FL 33882

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZELLER, JAMES  
308 HERNANDO ROAD  
WINTER HAVEN FL 33884

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when registering)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ZELLER, JAMES ☐ Delete  
STREET ADDRESS 308 HERNANDO ROAD  
CITY - ST - ZIP WINTER HAVEN FL 33884

TITLE D  
NAME CHARLES ELLIS ☐ Change ☒ Addition  
STREET ADDRESS 4210 GLENNS PASS  
CITY - ST - ZIP WINTER HAVEN FL 33884

TITLE TD  
NAME SIMPSON, JEFFREY ☐ Delete  
STREET ADDRESS LAKE LINK DRIVE  
CITY - ST - ZIP WINTER HAVEN FL 33884

TITLE D  
NAME GLENN HANSON ☐ Change ☒ Addition  
STREET ADDRESS 216 OVERLOOK DR  
CITY - ST - ZIP WINTER HAVEN FL 33884

TITLE SD  
NAME ZELLER, JAMES ☐ Delete  
STREET ADDRESS 308 HERNANDO ROAD  
CITY - ST - ZIP WINTER HAVEN FL 33884

TITLE D  
NAME LARRY SIMONOS ☐ Change ☒ Addition  
STREET ADDRESS 11 LAKE LINK DR  
CITY - ST - ZIP WINTER HAVEN FL 33884

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D  
NAME JEFFREY SIMASON ☒ Change ☐ Addition  
STREET ADDRESS 212 LAKE LINK RD  
CITY - ST - ZIP WINTER HAVEN FL 33884

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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SIGNATURE: