2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011495

Title:

Name:

Address:

City-St-Zip:

Entity Name: SOUD DOCK UNITED CHUD

FILED Sep 02, 2008 Secretary of State

Entity Na	me: SOLID ROCK UNITED CHURCH INC.			
Current Principal Place of Business:		New Princ	ipal Place of Business:	
3334 GAM OVIEDO, I	IBEL OAK COURT FL 32766			
Current Mailing Address:		New Maili	ng Address:	
3334 GAM OVIEDO, I	IBEL OAK COURT FL 32766			
In accordan	: 26-1541013 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei d Address of Current Registered Agent:	-		
MORRIS, 3334 GAM OVIEDO, I	LOGAN L IBEL OAK COURT FL 32766 US e named entity submits this statement for the purpos			
	e of Florida.			
SIGNATUI	RE:		 Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete MORRIS, LOGAN L 3334 GAMBEL OAK COURT OVIEDO, FL 32766	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition MORRIS, LOGAN L 3334 GAMBEL OAK COURT OVIEDO, FL 32766	
Title: Name: Address: City-St-Zip:	D () Delete MORRIS, CARLENE 3334 GAMBEL OAK COURT OVIEDO, FL 32766	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MORRIS, CARLENE R 3334 GAMBEL OAK COURT OVIEDO, FL 32766	
Title: Name: Address: City-St-Zip:	D () Delete MORRIS, ELIZABETH 120-32 228TH STREET CAMBRIA HEIGHTS, NY 11411	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition ALLEN, EGBERT W 3628 DAYDREAM PLACE ST. CLOUD, FL 34772	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LOGAN L. MORRIS DP 09/02/2008

() Delete

() Change (X) Addition

ANDERSON, JOYCE

OVIEDO, FL 32765

3437 FOXCROFT CIRCLE