

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002872

FILED
Jun 30, 2009
Secretary of State

Entity Name: THE SOLID ROCK FOUNDATION OF MARION COUNTY, INC.

Current Principal Place of Business:

23945 NE 113 AVE.
FT MCCOY, FL 32134

New Principal Place of Business:

23945 NE 113 AVE.
FT MCCOY, FL 32134 US

Current Mailing Address:

23945 NE 113 AVE.
FT MCCOY, FL 32134

New Mailing Address:

23945 NE 113 AVE.
FT MCCOY, FL 32134 US

FEI Number: 26-2133079 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, THOMAS B.
23905 NE 113 AVE.
ORANGE SPRINGS, FL 32182 US

Name and Address of New Registered Agent:

BROWN, THOMAS B.
23945 NE 113 AVE.
ORANGE SPRINGS, FL 32182 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: THOMAS B.BROWN

06/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR () Change (X) Addition
Name: BROWN, THOMAS B
Address: 23945 NE 113TH AVE
City-St-Zip: FORT MCCOY, FL 32134 US

Title: SEC () Change (X) Addition
Name: DORMADY, ROBERT
Address: 23945 NE 113TH AVE.
City-St-Zip: FORT MCCOY, FL 32134 US

Title: TRES () Change (X) Addition
Name: MOATI, SUE
Address: 4625 45TH AVE
City-St-Zip: LACEY, WA 98503 US

Title: ADV () Change (X) Addition
Name: WILKERSON, BARBARA
Address: 16775 NE 21ST COURT
City-St-Zip: CITRA, FL 32113 US

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: THOMAS B.BROWN

DIR

06/30/2009

Electronic Signature of Signing Officer or Director

Date