


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22347 1. Entity Name THE SOLID ROCK CHURCH OF JESUS CHRIST, INC.					
Principal Place of Business 684 W. 5TH AVE. TALLAHASSEE, FL 32303 US			Mailing Address PO BOX 5946 TALLAHASSEE, FL 32314		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FORD, EMMETT 242 CARTERWOOD DR. TALLAHASSEE, FL 32305			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORD, EMMETT, SR.		NAME	700035724387	
STREET ADDRESS	P.O. BOX 5946		STREET ADDRESS	05/06/04--01073--005 **\$61.25	
CITY-ST-ZIP	TALLAHASSEE, FL 32314		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM, DOROTHY L		NAME		
STREET ADDRESS	242 CARTERWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32305		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGSTON, ACIE		NAME		
STREET ADDRESS	1417 WOODVILLE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	DVT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGSTON, OLIVA		NAME		
STREET ADDRESS	1417 WOODVILLE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ANGELA L		NAME		
STREET ADDRESS	242 CARTERWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32305		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: Emmett Ford, Pastor <i>Emmett Ford</i> 4-16-04 (850) 219-1330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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