


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22347 1. Entity Name THE SOLID ROCK CHURCH OF JESUS CHRIST, INC.	
--	---

FILED

05 MAR -9 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

03092005 Chg-NP CR2E037 (10/03) 05

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FORD, EMMETT 242 CARTERWOOD DR. TALLAHASSEE, FL 32305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FORD, EMMETT, SR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 5946</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32314</td> <td></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">S</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAM, DOROTHY L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>242 CARTERWOOD DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32305</td> <td></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">DT</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LANGSTON, ACIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1417 WOODVILLE HIGHWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE, FL 32327</td> <td></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">DVT</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LANGSTON, OLIVA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1417 WOODVILLE HIGHWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE, FL 32327</td> <td></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">AS</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, ANGELA L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>242 CARTERWOOD DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32305</td> <td></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	FORD, EMMETT, SR.		STREET ADDRESS	P.O. BOX 5946		CITY-ST-ZIP	TALLAHASSEE, FL 32314		TITLE	S	<input type="checkbox"/> Delete	NAME	WILLIAM, DOROTHY L		STREET ADDRESS	242 CARTERWOOD DR.		CITY-ST-ZIP	TALLAHASSEE, FL 32305		TITLE	DT	<input type="checkbox"/> Delete	NAME	LANGSTON, ACIE		STREET ADDRESS	1417 WOODVILLE HIGHWAY		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		TITLE	DVT	<input type="checkbox"/> Delete	NAME	LANGSTON, OLIVA		STREET ADDRESS	1417 WOODVILLE HIGHWAY		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		TITLE	AS	<input type="checkbox"/> Delete	NAME	WILLIAMS, ANGELA L		STREET ADDRESS	242 CARTERWOOD DR.		CITY-ST-ZIP	TALLAHASSEE, FL 32305		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"> 600048830746 03/22/05--01008--016 **61.25 </td> <td style="width: 30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	600048830746 03/22/05--01008--016 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																																			
NAME	FORD, EMMETT, SR.																																																																																																																																				
STREET ADDRESS	P.O. BOX 5946																																																																																																																																				
CITY-ST-ZIP	TALLAHASSEE, FL 32314																																																																																																																																				
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																			
NAME	WILLIAM, DOROTHY L																																																																																																																																				
STREET ADDRESS	242 CARTERWOOD DR.																																																																																																																																				
CITY-ST-ZIP	TALLAHASSEE, FL 32305																																																																																																																																				
TITLE	DT	<input type="checkbox"/> Delete																																																																																																																																			
NAME	LANGSTON, ACIE																																																																																																																																				
STREET ADDRESS	1417 WOODVILLE HIGHWAY																																																																																																																																				
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327																																																																																																																																				
TITLE	DVT	<input type="checkbox"/> Delete																																																																																																																																			
NAME	LANGSTON, OLIVA																																																																																																																																				
STREET ADDRESS	1417 WOODVILLE HIGHWAY																																																																																																																																				
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327																																																																																																																																				
TITLE	AS	<input type="checkbox"/> Delete																																																																																																																																			
NAME	WILLIAMS, ANGELA L																																																																																																																																				
STREET ADDRESS	242 CARTERWOOD DR.																																																																																																																																				
CITY-ST-ZIP	TALLAHASSEE, FL 32305																																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE	600048830746 03/22/05--01008--016 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
CITY-ST-ZIP																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																			
NAME																																																																																																																																					
STREET ADDRESS																																																																																																																																					
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 Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR