

2006 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**

FILED

06 APR 26 AM 9:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FORD, EMMETT
242 CARTERWOOD DR.
TALLAHASSEE, FL 32305**

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 required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 ☐ Delete
NAME FORD, EMMETT, SR.
STREET ADDRESS P.O. BOX 5946
CITY-ST-ZIP TALLAHASSEE, FL 32314

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

TITLE S ☐ Delete
NAME WILLIAM, DOROTHY L
STREET ADDRESS 242 CARTERWOOD DR.
CITY-ST-ZIP TALLAHASSEE, FL 32305

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

TITLE DT ☐ Delete
NAME LANGSTON, ACIE
STREET ADDRESS 1417 WOODVILLE HIGHWAY
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

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

TITLE DVT ☐ Delete
NAME LANGSTON, OLIVA
STREET ADDRESS 1417 WOODVILLE HIGHWAY
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

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

TITLE AS ☐ Delete
NAME WILLIAMS, ANGELA L
STREET ADDRESS 242 CARTERWOOD DR.
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☒ Change ☐ Addition
NAME *AS Emmett Ford Jr*
STREET ADDRESS *PO Box 5946*
CITY-ST-ZIP *Tallahassee FL 32314*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Jr pastor* 4-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #