


2007 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 - No P.O. Box # 1514 Florida Ave		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Quincy Florida		City & State			
Zip 32351		Country Wander		Zip	
Country		Country			
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> 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 Emmett Ford Street Address (P.O. Box Number is Not Acceptable) 3514 Loro Ln. City Tallahassee FL Zip Code 32305	
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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, EMMETT, SR. P.O. BOX 5946 TALLAHASSEE, FL 32314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bishop Emmett Ford Jr PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAM, DOROTHY L 242 CARTERWOOD DR. TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANGSTON, ACIE 1417 WOODVILLE HIGHWAY CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103097612 05/23/07--01014--032 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LANGSTON, OLIVA 1417 WOODVILLE HIGHWAY CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FORD, EMMETT JR. P.O. BOX 5946 TALLAHASSEE, FL 32314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bishop Emmett Ford Jr V.D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Bishop Emmett Ford Jr P.D 5-70785345-7948 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED
07 MAY -7 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132007 Chg-NP CR2E037 (12/06)