FILE NOW: FILING FEE IS $61.25

FILED
Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26250** **(3)**

1. Corporation Name

SOLID ROCK CHRISTIAN CHURCH OF PINELLAS PARK INC

Principal Place of Business	Mailing Address
6260 39TH STREET N. SUITE J PINELLAS PARK FL 33781-6053 US	6260 39TH STREET N. SUITE J PINELLAS PARK FL 34665

3. Date Incorporated or Qualified: 05/03/1988

4. FEI Number: 59-2690359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER, GLENN G
~~1419 46TH AVE NE~~
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1917 KANSAS AVE. N.E.

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MILLER, GLENN G		1.2 NAME		
STREET ADDRESS	~~7907 GAILPORT KEY, #405~~		1.3 STREET ADDRESS	1917 KANSAS AVE N.E.	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, DORIS		2.2 NAME		
STREET ADDRESS	397 69TH ST. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, BILL		3.2 NAME		
STREET ADDRESS	6158 58TH ST. N., #3A		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	KREMER, JIM		4.2 NAME		
STREET ADDRESS	~~800 GLEADER WAY, #1512~~		4.3 STREET ADDRESS	5521 Newton Ave	
CITY-ST-ZIP	~~SOUTH PASADENA FL~~		4.4 CITY-ST-ZIP	Gulfport, FLA 33707	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	~~CARNAHAN, JIMMIE~~		5.2 NAME	BRUNSON, FRANK	
STREET ADDRESS	~~3245 61ST S. #1~~		5.3 STREET ADDRESS	7400 21st St. N.	
CITY-ST-ZIP	~~ST.PETERSBURG FL~~		5.4 CITY-ST-ZIP	ST. PETERSBURG, FLA 33702	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, ARDETH		6.2 NAME		
STREET ADDRESS	397 69TH ST N		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34624		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Glenn G. Miller 3-11-98 813 522-1434