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01-20-1999 90010 025 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26250**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/03/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2890359 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MILLER, GLENN G
1917 KANSAS 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)

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	1917 KANSAS AVE NE		1.3 STREET ADDRESS	
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	5521 NEWTON AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRUNSON, FRANK		5.2 NAME	
STREET ADDRESS	7400 21ST ST N		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST.PETERSBURG FL 33702		5.4 CITY-ST-ZIP	
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	

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, with all other like empowered.

SIGNATURE: [illegible] REQUIRED Glenn G. Miller 1/4/99 7275216306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)