2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen with

SIGNATURE

FILED DOCUMENT # **N26250** Apr 19, 2000 8:00 am 1. Entity Name Secretary of State SOLID ROCK CHRISTIAN CHURCH OF PINELLAS PARK INC 04-19-2000 90024 026 ****61.25 Mailing Address Principal Place of Business 6260 39TH STREET N. 6260 39TH STREET N. SUITE J SUITE J PINELLAS PARK FL 33781-6053 PINELLAS PARK FL 33714-3922 3. Mailing Address TH 4224-28 2. Principal Place of Business St N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-2890359 t, PE Not Applicable \$8.75 Additional 5: Certificate of Status Desired INEILAS Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MILLER, GLENN G 1917 KANSAS AVE NE ST PETERSBURG FL 33703 Zip Code 8. The above named enjity subgrits his statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 5 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE TITLE Delete NAME MILLER, GLENN G NAME STREET ADDRESS STREET ADDRESS 1917 KANSAS AVE NE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL PASTOR J DEACON Delete ☐ Addition TITLE TITLE DAVID TURLEY 7501-1420 AUE #477 SCOTT, DÓRIS NAME NAME 397-697H-61. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FI TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STEVENS, BILL STREET ADDRESS STREET ADDRESS 6158 58TH ST. N., #3A CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL DEACON & TREASURER EXChange 🔀 Delete TITLE KREMER, JIM 5521 NEWTON AVE NAME NAME STREET ADDRESS STREET ADDRESS MARK. CITY-ST-ZIP CITY-ST-ZIP GULFPORKFL 33707 PASTOR - DEACON ☐ Addition TITLE ☐ Delete BRUNSON, FRANK NAME NAME 7400 21ST ST N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST.PETERSBURG FL 33702 **D**elete TITLE Change Addition TITLE D. ARNOLD ARDETH NAME NAME STREET ADDRESS STREET ADDRESS 397 697 A ST N CITY-ST-ZIP 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