

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001595

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** SOLID ROCK REVIVAL MINISTRIES INC.

**Current Principal Place of Business:**

179 SOUTH AVE  
CENTER HILL,, FL 33514 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 680729  
ORLANDO, FL 328680729

**New Mailing Address:**

**FEI Number:** 59-3062362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, GEORGE  
7234 PLEASANT DRIVE  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: GAINOUS, ANITA TRUSTEE  
Address: 6912 RIVER OAKS DRIVE  
City-St-Zip: ORLANDO, FL 32818 US

Title: TR ( ) Delete  
Name: CUMMINGS, CHRISTOPHER TRUSTEE  
Address: 7234 PLEASANT DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: TR ( ) Delete  
Name: MILLER, THERESA TRUSTEE  
Address: PO BOX 680729  
City-St-Zip: ORLANDO, FL 32868

Title: TR (X) Delete  
Name: BONAMY, CHARSTEEN TRUSTEE  
Address: P.O. BOX 555292  
City-St-Zip: ORLANDO, FL 32805 US

Title: TR (X) Delete  
Name: HENDERSON, VERNESSA TRUSTEE  
Address: 4615 CLARCONA RD.  
City-St-Zip: ORLANDO, FL 32818 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: THERESA, MILLER OFFICER  
Address: PO BOX 680729  
City-St-Zip: ORLANDO, FL 32868 US

Title: TR (X) Change ( ) Addition  
Name: CUMMINGS, CHRISTOPHER TRUSTEE  
Address: 1101 LEE ROAD APT. # 52  
City-St-Zip: ORLANDO, FL 32810 US

Title: TR (X) Change ( ) Addition  
Name: NORWOOD, MARY L TRUSTEE  
Address: 2942 HICKORY CREEK DRIVE  
City-St-Zip: ORLANDO, FL 32818 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA MILLER

DIRE

04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date