2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001595

Apr 21, 2009 Secretary of State

Entity Name: SOLID ROCK REVIVAL MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business:

179 SOUTH AVE

CENTER HILL,, FL 33514 US

Current Mailing Address: New Mailing Address:

PO BOX 680729

ORLANDO, FL 328680729

FEI Number: 59-3062362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLER, GEORGE MILLER, GEORGE H

7234 PLEASANT DRIVE 2942 HICKORY CREEK DRIVE ORLANDO, FL 32818 US ORLANDO, FL 32818 US

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: GEORGE H. MILLER 04/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 T
 () Delete
 Title:
 T
 (X) Change () Addition

 Name:
 THERESA, MILLER OFFICER
 Name:
 THERESA, MILLER OFFICER

 Address:
 PO BOX 680729
 Address:
 2942 HICKORY CREEK DRIVE

 City-St-Zip:
 ORLANDO, FL 32868 US
 City-St-Zip:
 ORLANDO, FL 32818 US

Title: TR () Delete Title: () Change () Addition

 Name:
 CUMMINGS, CHRISTOPHER TRUSTEE
 Name:

 Address:
 1101 LEE ROAD
 APT. # 52
 Address:

 City-St-Zip:
 ORLANDO, FL 32810 US
 City-St-Zip:

Title: TR () Delete Title: () Change () Addition

 Name:
 NORWOOD, MARY L TRUSTEE
 Name:

 Address:
 2942 HICKORY CREEK DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32818 US
 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 OFFI 04/21/2009