

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90019 028 ****70.00

DOCUMENT # N94000002502

1. Entity Name
THE SOLID ROCK CHURCH OF JESUS, INCORPORATED



Principal Place of Business
**2746 N FLORIDA AVE
TAMPA, FL 33602 US**

Mailing Address
**P.O. BOX 7342
TAMPA, FL 33673 US**

40041623



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03212006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3235223

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6- Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, OVEDIA
811 E CAYUGA ST
TAMPA, FL 33603**

*change of address
only*

Name

Street Address (P.O. Box Number is Not Acceptable)

713 E. Madison St.

Plant City

FL

Zip Code
33563

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **DAVIS, OVEDIA**
STREET ADDRESS **811 E CAYUGA ST**
CITY-ST-ZIP **TAMPA, FL 33603**
address only

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **713 E. Madison St**
CITY-ST-ZIP **Plant City FL 33563**

TITLE **SD** ☐ Delete
NAME **PRIDGEN, HELEN**
STREET ADDRESS **1303 E NEW ORLEANS ST**
CITY-ST-ZIP **TAMPA, FL 33603**
address only

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **713 E. Madison St.**
CITY-ST-ZIP **Plant City FL 33563**

TITLE **TD** ☐ Delete
NAME **WILBURN, J.L.**
STREET ADDRESS **1223 E NORTH BAY STREET**
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CLARKE-WILSON, ARLEEN**
STREET ADDRESS **508 MAGNA CARTA WAY**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Johnson, Charles**
CITY-ST-ZIP **4543 W. Knox St**
Tampa FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helen Pridgen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06 (813) 842-4602

Date

Daytime Phone #