


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90253 006 ****61.25

DOCUMENT # N95000005206
 1. Entity Name
SOLID ROCK REDEMPITIVE MINISTRIES, CHURCH INC.



Principal Place of Business: **19710 N.W. 33 AVENUE MIAMI FL 33056-2322**
 Mailing Address: **PO BOX 552367 CAROL CITY FL 33055**

24052845



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **65-0658157**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STRONG, RHODESSIA
19710 NW 33RD AVE
MIAMI FL 33056

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Rhodessia Strong* (NOTE: Registered Agent signature required when reinstating)
 DATE: *4/20/04*

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE	P <input type="checkbox"/> Delete
NAME	STRONG, RHODESSIA
STREET ADDRESS	19710 NW 33RD AVE
CITY-ST-ZIP	MIAMI FL 33056
TITLE	D <input type="checkbox"/> Delete
NAME	STRONG, SAMUEL J JR
STREET ADDRESS	19710 NW 33RD AVE
CITY-ST-ZIP	MIAMI FL 33056
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MCMILLON, DAVID
STREET ADDRESS	1775 NW 185TH TERRACE
CITY-ST-ZIP	MIAMI FL 33056
TITLE	D <input type="checkbox"/> Delete
NAME	THOMPSON, MARY L
STREET ADDRESS	900 COLONY POINT CIR #509
CITY-ST-ZIP	PEMBROOKE PINES FL 33026
TITLE	ST <input type="checkbox"/> Delete
NAME	INGRAM, BRENDA M II
STREET ADDRESS	16920 NW 40TH AVE.
CITY-ST-ZIP	MIAMI FL 33055
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	EDDINGTON, JOAN
STREET ADDRESS	2990 NW 170TH ST.
CITY-ST-ZIP	MIAMI FL 33056

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rhodessia Strong* / **Rhodessia Strong** 4/20/04 305-628-2319
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #