


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

|   |                           |  |   |  |                                   |
|---|---------------------------|--|---|--|-----------------------------------|
| DOCUMENT # N95000005206   |                           |  |   |        |                                   |
| 1. Entity Name<br>SOLID ROCK REDEMPTIVE MINISTRIES, CHURCH INC.   |                           |  |   |  |                                   |
| Principal Place of Business<br>19710 N.W. 33 AVENUE<br>MIAMI FL 33056-2322  |                           | Mailing Address<br>PO BOX 552367<br>CAROL CITY FL 33055                          |   |  |                                   |
| 2. Principal Place of Business  |                           | 3. Mailing Address   |   |  |                                   |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.  |   |  |                                   |
| City & State  |                           | City & State   |   | 4. FEI Number<br>65-0658157  |                                   |
| Zip   | Country                   | Zip  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent<br>STRONG, RHODESSIA<br>19710 NW 33RD AVE<br>MIAMI FL 33056   |                           |  | 7. Name and Address of New Registered Agent           |  |                                   |
|   |                           |  | Name  |  |                                   |
|   |                           |  | Street Address (P.O. Box Number is Not Acceptable)    |  |                                   |
|   |                           |  | City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                           |  |   |  |                                   |
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2006  |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$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                         | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | STRONG, RHODESSIA         |  | NAME  |  |                                   |
| STREET ADDRESS  | 19710 NW 33RD AVE         |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI FL 33056            |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | TC                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | ENGLISH, CYNTHIA          |  | NAME  |  |                                   |
| STREET ADDRESS  | 776 NW 64TH               |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI FL 33150            |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | D                         | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | THOMPSON, MARY L          |  | NAME  |  |                                   |
| STREET ADDRESS  | 900 COLONY POINT CIR #509 |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | PEMBROOKE PINES FL 33026  |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | ST                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | INGRAM, BRENDA M II       |  | NAME  |  |                                   |
| STREET ADDRESS  | 16920 NW 40TH AVE.        |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI FL 33055            |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | D                         | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | LINGO, ALONAZ C           |  | NAME  |  |                                   |
| STREET ADDRESS  | 875 NW 213 LANE #204      |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI FL 33169            |  | CITY-ST-ZIP   |  |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                           |  | NAME  |  |                                   |
| STREET ADDRESS  |                           |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                           |  | CITY-ST-ZIP   |  |                                   |



1st MOORE CR2E037 (10/05)

4. FEI Number 65-0658157 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: 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 |                                 |                                   |
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| CITY-ST-ZIP                | PEMBROOKE PINES FL 33026  |                                 | CITY-ST-ZIP   |                                 |                                   |
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| NAME                       | LINGO, ALONAZ C           |                                 | NAME  |                                 |                                   |
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| CITY-ST-ZIP                | MIAMI FL 33169            |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                                 |                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rhodesia Strong Rhodesia Strong* 5/3/06 3056252319