

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90029 013 ****70.00

DOCUMENT # N95000005206
 1. Entity Name
SOLID ROCK REDEMPTIVE 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



2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

4. FEI Number: 65-0658157
 Applied For: Not Applicable

Zip: Country

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME: STRONG, RHODESSIA STREET ADDRESS: 19710 NW 33RD AVE CITY- ST- ZIP: MIAMI FL 33056	<input type="checkbox"/> Delete
TITLE: TC NAME: ENGLISH, CYNTHIA STREET ADDRESS: 776 NW 64TH CITY- ST- ZIP: MIAMI FL 33150	<input type="checkbox"/> Delete
TITLE: D NAME: THOMPSON, MARY L STREET ADDRESS: 900 COLONY POINT CIR #509 CITY- ST- ZIP: PEMBROOKE PINES FL 33026	<input type="checkbox"/> Delete
TITLE: ST NAME: INGRAM, BRENDA M II STREET ADDRESS: 16920 NW 40TH AVE. CITY- ST- ZIP: MIAMI FL 33055	<input type="checkbox"/> Delete
TITLE: D NAME: LINGO, ALONAZ C STREET ADDRESS: 875 NW 213 LANE #204 CITY- ST- ZIP: MIAMI FL 33169	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rhodessia Strong 3/17/07 * cell 786-213-6924
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #