


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000005206 1. Entity Name SOLID ROCK REDEMPTIVE MINISTRIES, CHURCH INC.	
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FILED
Jun 12, 2008 08:00 AM
Secretary of State



Principal Place of Business 19710 N.W. 33 AVENUE MIAMI FL 33056-2322	Mailing Address PO BOX 552367 CAROL CITY FL 33055
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 65-0658157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRONG, RHODESSIA 19710 NW 33RD AVE MIAMI FL 33056	Name Street Address (P.O. box Number is NOT Accepted) 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title. (NOTE: For stock Agent Signatures required when restating)

FILE NOW FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P STRONG, RHODESSIA	
NAME	19710 NW 33RD AVE	
STREET ADDRESS	MIAMI FL 33056	
CITY-ST-ZIP		
TITLE	TC ENGLISH, CYNTHIA	<input type="checkbox"/> Delete
NAME	776 NW 64TH	
STREET ADDRESS	MIAMI FL 33150	
CITY-ST-ZIP		
TITLE	D THOMPSON, MARY L	<input type="checkbox"/> Delete
NAME	900 COLONY POINT CIR #509	
STREET ADDRESS	PEMBROOKE PINES FL 33026	
CITY-ST-ZIP		
TITLE	ST INGRAM, BRENDA M II	<input type="checkbox"/> Delete
NAME	16920 NW 40TH AVE.	
STREET ADDRESS	MIAMI FL 33055	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	U00000958042	
CITY-ST-ZIP	06/12/08-80001-018 61.25	
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
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 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 Rhodessia Strong 6/10/08 305.625-2319