

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90135 032 ****70.00

DOCUMENT # N9500005206

1. Entity Name
**SOLID ROCK REDEMPTIVE MINISTRIES, CHURCH
INC.**

Principal Place of Business
19710 N.W. 33 AVENUE
MIAMI, FL 33056-2322

Mailing Address
19710 N.W. 33 AVENUE
MIAMI, FL 33056-2322

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 552367
Suite, Apt. #, etc.

City & State
Carol City, FL

4. FEI Number
65-0658157

Applied For
Not Applicable

Zip
33055

Country
Dade

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

90137319



CHECK HERE IF MAKING CHANGES

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: *Rhodesia Strong* DATE: 5/20/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS \$61.25

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 type="checkbox"/> Delete
NAME	MCMILLON, DAVID	
STREET ADDRESS	1775 NW 186TH 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 33056	
TITLE	DT	<input 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
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)(1), 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* DATE: 5/20/03 DAYTIME PHONE: 305-625-2319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)