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FILED  
Jun 01 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003870 (0)

1. Corporation Name

SOLID ROCK CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

5235 JONES AVE.  
ZELLWOOD FL 32798

P.O. BOX 525  
CLARCONA FL 32710

3. Date Incorporated or Qualified

07/24/1996

4. FEI Number

59-3390226

Applied For

Not Applicable

2. Principal Place of Business

21 21951 U.S. Hwy 441

Suite, Apt. #, etc.

22

City & State

23 Mt. Dora, FL

Zip

24 32756

Country

2a. Mailing Address

26 P.O. Drawer 236

Suite, Apt. #, etc.

27

City & State

28 Mt. Dora, FL

Zip

29 32756

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUTZMAN, LARRY ROYCE  
5235 JONES AVE.  
ZELLWOOD FL 32798

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME STUTZMAN, LARRY R  
STREET ADDRESS 5235 JONES AVE  
CITY-ST-ZIP ZELLWOOD FL 32798

☐ DELETE

TITLE VTD  
NAME STUTZMAN, SANDY L  
STREET ADDRESS 5235 JONES AVE  
CITY-ST-ZIP ZELLWOOD FL 32798

☐ DELETE

TITLE SD  
NAME STUTZMAN, WENDY N  
STREET ADDRESS 5235 JONES AVE  
CITY-ST-ZIP ZELLWOOD FL 32798

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Sandy Stutzman

5/21/98

CP2E037 (10/97)