

DOCUMENT # N96000003870  
1. Entity Name  
SOLID ROCK CHRISTIAN FELLOWSHIP, INC.

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90057 006 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
21951 US HWY 441  
MT DORA FL 32756  
US

Mailing Address  
P O BOX DRAWER 236  
MT DORA FL 32756  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-3390226 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
STUTZMAN, LARRY ROYCE  
5235 JONES AVE.  
ZELLWOOD FL 32798

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	STUTZMAN, LARRY R	5235 JONES AVE	ZELLWOOD FL 32798	<input type="checkbox"/>
VTD	STUTZMAN, SANDY L	5235 JONES AVE	ZELLWOOD FL 32798	<input type="checkbox"/>
SD	STUTZMAN, WENDY N	5235 JONES AVE	ZELLWOOD FL 32798	<input type="checkbox"/>
D	BUNTING, KEVIN	17615 RUTH ST	MT DORA FL 32757	<input type="checkbox"/>
D	BUNTING, DIANA	17615 RUTH ST	MT DORA FL 32757	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. 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 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 information.

SIGNATURE: [Signature] 1-4-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)