2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# N96000003870

Entity Name: SOLID ROCK WORSHIP CENTER, INC.

Current Principal Place of Business:

21951 US HWY 441
MT DORA, FL 32756 US

New Principal Place of Business:

Current Mailing Address:

P O BOX DRAWER 236
MOUNT DORA, FL 327560236 US

New Mailing Address:

P O DRAWER 236
MOUNT DORA, FL 327560236 US

FEI Number: 59-3390226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, BRIAN F
508 PINE HILL STREET
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: STUTZMAN, LARRY R
Address: 5235 JONES AVE
City-St-Zip: ZELLWOOD, FL 32798

Title: VTD ( ) Delete
Name: STUTZMAN, SANDY L
Address: 5235 JONES AVE
City-St-Zip: ZELLWOOD, FL 32798

Title: SD ( ) Delete
Name: STUTZMAN, WENDY N
Address: 5235 JONES AVE
City-St-Zip: ZELLWOOD, FL 32798

Title: D ( ) Delete
Name: BUNTING, PAUL K
Address: 17615 RUTH ST
City-St-Zip: MT DORA, FL 32757

Title: D ( ) Delete
Name: BUNTING, DIANA
Address: 17615 RUTH ST
City-St-Zip: MT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: STUTZMAN, WENDY N
Address: 314 SOUTH RHODES STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY STUTZMAN PCD 04/15/2005

Electronic Signature of Signing Officer or Director — Date