

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

2/1

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90180 046 \*\*\*\*61.25

**DOCUMENT # N96000003870**

1. Entity Name  
**SOLID ROCK INTERNATIONAL CHURCH, INC.**



Principal Place of Business  
**21951 US HWY 441  
MT DORA FL 32758  
US**

Mailing Address  
**P O BOX DRAWER 236  
MOUNT DORA FL 32758-0236  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3390226**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MITCHELL, BRIAN F  
958 ROYAL VIEW CIRCLE  
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name **BRIAN F. MITCHELL**  
Street Address (P.O. Box Number is Not Acceptable)

**608 BROOKLINE AVENUE**

City **EUSTIS**

FL

Zip Code **32726**

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 *Brian F. Mitchell* **BRIAN F. MITCHELL, ADMINISTRATOR** 1/2/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	PCD	<input type="checkbox"/> Delete
NAME	STUTZMAN, LARRY R	
STREET ADDRESS	5235 JONES AVE	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	STUTZMAN, SANDY L	
STREET ADDRESS	5235 JONES AVE	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STUTZMAN, WENDY N	
STREET ADDRESS	5235 JONES AVE	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNTING, PAUL K	
STREET ADDRESS	17815 RUTH ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNTING, DIANA	
STREET ADDRESS	17815 RUTH ST	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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)(f), 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: *LARRY STUTZMAN* **SIGNATURE REQUIRED** 2/25/03 352-735-5777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)