

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000000980

1. Entity Name
SOLID ROCK MISSIONARY BAPTIST CHURCH INC.



Principal Place of Business
19000 S.W. 112ND AVE
MIAMI, FL 33157

Mailing Address
19000 S.W. 112ND AVE
MIAMI, FL 33157



05052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0274269

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TROUP, RUFUS PASTOR
14501 MONROE ST.
MIAMI, FL 33176

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000950903
06/04/08-80010-017 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TROUP, RUFUS
STREET ADDRESS 19000 SW 112 AVE
CITY-ST-ZIP MIAMI, FL 33157

TITLE TD
NAME TROUP, TERESA
STREET ADDRESS 19000 SW 112 AVE
CITY-ST-ZIP MIAMI, FL 33157

TITLE T
NAME KING, CARROLL R
STREET ADDRESS 15001 SW 106 AVE.
CITY-ST-ZIP MIAMI, FL 33176

TITLE T
NAME FRANCIS, ANGIE
STREET ADDRESS 11251 SW 188 TERRACE
CITY-ST-ZIP MIAMI, FL 33157

TITLE T
NAME CARPENTER, KEVIN
STREET ADDRESS 13523 SW 179TH STREET
CITY-ST-ZIP MIAMI, FL 33177

TITLE T
NAME HUNTER, CAROLYN
STREET ADDRESS 10101 SW 142 COURT
CITY-ST-ZIP MIAMI, FL 33186

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #