FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700007097 1. Corporation Name

THE SOLID ROCK FOUNDATION OF SOUTH FLORIDA INC.

Principal Place of Business 19000 SW 112 AVENUE MIAMI FL 33157.

2. Principal Place of Business

21

Mailing Address 19000 SW: 112 AVENUE

MIAMI FL 33157

2a. Mailing Address

US

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FILED Jan 22, 1999 8:00am **Secretary of State**

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3. Date Incorporated or Qualifed 12/17/1997

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22		27		31-1576475	Not Applicable	
City & State	9	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
23 Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 3	-1 ´	Trust Fund Contribution	Added to Fees	
'	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent	
	A STURBLE STORY	r with a victorial to	81 Name			
REV: RUFUS TROUP			82 Street Address (P.O. Box Number is Not Acceptable)			
19000 SW 112 AVENUE						
Miami Fl	33157	_				
		·	84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida Statutes	, the above-named corp	poration submits this statement for th	e purpose of changing its registered	
office or n	to the provisions of Sections 617.050; egistered agent, or both, in the State m tangliar with, and accept the obligat	of Florida. Such change was aut	norized by the corporati	on's board of directors. I hereby acco	apt the appointment as registered	
95 agent. Fa	m familiar with, and accept the obligat	tions of Section 617.0503, Florid			1-6-99	
SIGNATURE	1 Win /10	My Duta	S ROUP egistered Agent signature require	ad when reinstating)	DATE	
12.	Signature, good of printed name of registered agen OFFICERS AN		13.		FFICERS AND DIRECTORS IN 12	
TITLE	D OFFICERO AIL	□ DELETE	1.f TITLE		Change ☐ Addition	
	_	_ -	1.2 NAME	· - /-	•	
NAME	TROUP, RUFUS		}			
STREET ADDRESS	19000 SW 112 AVENUE		1.3 STREET ADDRESS	CT 11 CT 004 FT		
CITY-ST-ZIP	MIAMI FL 33152			<u> 11AMI. FL 33157</u>	☐ Change ☐ Addition	
TITLE	D .	☐ DELETE	2.1 TITLE			
NAME	PICKFORD, BRUCE		2.2 NAME			
STREET ADDRESS	_15320_SW_106_AVENUE		2.3 STREET ADDRESS	*		
CITY-ST-ZIP	MIAMI FL 33157-1413		2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition	
NAME	MAYO, DERRICK	3.0	3.2 NAMÉ		ļ	
STREET ADDRESS	17035 SW 107 COURT	* -	3.3 STREET ADDRESS			
CITY-ST-ZIP	(MIAM) FL 33157-1413		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	- 6,7% - x	•	4. 2 NAME		and the second of the second o	
STREET ADDRESS		r 19	4.3 STREET ADDRESS	•		
CITY-ST-ZIP		- 10 - 10	4.4 CITY-ST-ZIP		20 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
			5.3 STREET ADDRESS			
STREET ADDRESS	3,		5.4 CITY-ST-ZIP	•		
CITY-ST-ZIP	1117,121	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
TITLE	Fisher of Const	ا بالمال ال	6.2 NAME	•	_ 3 1	
NAME	A Printer 2				ļ	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	[] [] [] [] [] [] [] [] [] []		6.4 CITY-ST-ZIP		I forth as a saife, that the information	

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, with all other like empowered.