

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

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90202 001 \*\*\*\*61.25

**DOCUMENT # N97000007097**

1. Entity Name  
**THE SOLID ROCK FOUNDATION OF SOUTH FLORIDA INC.**



Principal Place of Business

Mailing Address

18000 SW 112 AVENUE  
MIAMI FL 33157  
US

18000 SW 112 AVENUE  
MIAMI FL 33157  
US

**44003700**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1576475**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REV. RUFUS TROUP  
19000 SW 112 AVENUE  
MIAMI FL 33157

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. 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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **TROUP, RUFUS**  
STREET ADDRESS **19000 SW 112 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33152**

TITLE ☐ Change ☒ Addition  
NAME **Rodney Graham**  
STREET ADDRESS **2225 NW 170th Terrace**  
CITY-ST-ZIP **Miami, Florida 33056** **(D)**

TITLE **D** ☐ Delete  
NAME **TROUP, TERESA**  
STREET ADDRESS **14501 MONROE STREET**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☒ Addition  
NAME **Verbert Anderson**  
STREET ADDRESS **25-06 Southwest 183rd Avenue**  
CITY-ST-ZIP **Miramar, Florida 33029**

TITLE **D** ☐ Delete  
NAME **HENDERSON, KENNETH L**  
STREET ADDRESS **1507 ARGYLE DRIVE, #207**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **JONES, SHANTEL**  
STREET ADDRESS **19663 S.W. 82 COURT**  
CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 empowered.

SIGNATURE:

**Refined Signature REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/10/03**  
Date

Daytime Phone #

CR2E037 (10/02)