

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90107 041 ****61.25

DOCUMENT # N98000005445

1. Corporation Name

SOLID ROCK YOUTH MINISTRIES, INC.

Principal Place of Business

10121 CALUMET LANE
LAKE WORTH FL 33467

Mailing Address

10121 CALUMET LANE
LAKE WORTH FL 33467



2. Principal Place of Business

21 6111 SOUTH MILITARY TRAIL

Suite, Apt. #, etc.

22

City & State

23 LAKE WORTH FL

Zip

24 33463

Country

25 USA

2a. Mailing Address

26 6111 SOUTH MILITARY TRAIL

Suite, Apt. #, etc.

27

City & State

28 LAKE WORTH FL

Zip

29 33463

Country

30 USA

3. Date Incorporated or Qualified

09/18/1998

4. FEI Number

65 0887583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEE, JEFF C
10121 CALUMET LANE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name (SAME) JEFF C. LEE

82 Street Address (P.O. Box Number is Not Acceptable)

6111 SOUTH MILITARY TRAIL

83

84 City LAKE WORTH

FL

85 Zip Code 33463

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LEE, JEFF C
STREET ADDRESS 10121 CALUMET LANE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☐ DELETE
NAME HAWKINS, JOHN REV.
STREET ADDRESS 6201 S. MILITARY TRAIL
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☐ DELETE
NAME RACE, CHRISTOPHER
STREET ADDRESS 1205 HATTERAS CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/99 561-722-2790

CR2E037 (11/98)