

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91055 032 ****61.25

DOCUMENT # N98000007198

1. Entity Name

SOLID ROCK GOSPEL CHURCH, INC.



Principal Place of Business

**39303 LOUISE DRIVE
ZEPHYRHILLS FL 33540
US**

Mailing Address

**39303 LOUISE DR.
ZEPHYRHILLS FL 33540
US**

2. Principal Place of Business

3. Mailing Address

PO BOX 1168

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ZEPHYRHILLS, FL

Zip

Country

Zip

Country

33539

PASCO

4. FEI Number

59-3547842

Applied For

Not Applicable

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

**MORRISON, BENJAMIN S
39303 LOUISE DRIVE
ZEPHYRHILLS FL 33540**

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
Due By May 1, 2004**

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 **PT** ☐ Delete
NAME **MORRISON, BENJAMIN S**
STREET ADDRESS **39303 LOUISE DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **SST** ☐ Delete
NAME **MORRISON, LYNETTE S**
STREET ADDRESS **39303 LOUISE DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **VPT** ☐ Delete
NAME **MAGIE, DAVID**
STREET ADDRESS **7790 SW 63RD ST**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: Benjamin S. Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 (813) 782-9448
Date Daytime Phone #