2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State
07-05-2001 90007 044 ****61.25

DOCUMENT # N99000003331 (A)

1. Entity Name
Rock Solid Ministries, Inc
P.O. Box 282
Alva, Fl 33920

AUGUST

Principal Place of Business	Mailing Address
4551 Fort Center Ave. Labelle, Fl. 33935	P.O. Box 282 Alva, Fl. 33920-282

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4551 Fort Center Ave.	P.O. Box 282
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Labelle, Fl.	City & State: Alva, Fl
Zip: 33935 Country: USA	Zip: 33920 Country: USA

4. FEI Number: 65-0923023 ☐ 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
Anthony Castellitto 4551 Fort Center Avenue Labelle, Fl. 33935	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.

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: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Anthony J. Castellitto 4551 Fort Center Avenue Labelle, Fl. 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Tamara P. Castellitto 4551 Fort Center Ave. Labelle, Fl, 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Joel Williamson 140 Evans Road Labelle, Fl. 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kimberly Wiggins 6371 Holstein Dr. E. Fort Myers, Fl. 33905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Tamara P Castellitto Tamara P Castellitto 6/20/01 941-470-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #