

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003331

FILED
Mar 10, 2005
Secretary of State

Entity Name: ROCK SOLID MINISTRIES, INC.

Current Principal Place of Business:

180 KIRBY THOMPSON ROAD
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

PO BOX 282
ALVA, FL 33920

New Mailing Address:

FEI Number: 65-0923023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLITTO, ANTHONY J
180 KIRBY THOMPSON RD
ALVA, FL 33920 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTELLITTO, ANTHONY J
Address: 180 KIRBY THOMPSON
City-St-Zip: ALVA, FL 33920

Title: VD () Delete
Name: CASTELLITTO, TAMARA P
Address: 180 KIRBY THOMPSON
City-St-Zip: ALVA, FL 33920

Title: TD () Delete
Name: WILLIAMSON, JOEL
Address: 140 EVANS RD
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMARA P CASTELLITTO

VD

03/10/2005

Electronic Signature of Signing Officer or Director

Date