

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000003331

FILED  
May 18, 2003  
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  
4551 FT CENTER AVE  
LABELL, FL 33935

## Name and Address of New Registered Agent:

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

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: ANTHONY CASTELLITTO

05/18/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CASTELLITTO, ANTHONY J  
Address: 4551 FT CENTER AVE  
City-St-Zip: LABELL, FL 33935

Title: VD ( ) Delete  
Name: CASTELLITTO, TAMARA P  
Address: 4551 FT CENTER AVE  
City-St-Zip: LABELL, FL 33935

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 CASTELLITTO

VD

05/18/2003

Electronic Signature of Signing Officer or Director

Date