2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N04000005393

Entity Name: ROSEWOOD'S CENTER FOR JUSTICE, INC.

Current Principal Place of Business:

5425 IDLEWEISE COURT
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

5425 IDLEWEISE COURT
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOCTOR, ARNETT T SR.
5425 IDLEWEISE COURT
SPRING HILL, FL 34606 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: D ( ) Delete
Name: DOCTOR, ARNETT T SR
Address: 5425 IDLEWEISE COURT
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete
Name: DRY, WALTER L
Address: 3418 KNOTTY OAKS CIR
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete
Name: MATTHEWS, FREDDIE L
Address: 7410 NE 106TH TERRACE
City-St-Zip: BRONSON, FL 32621

Title: D ( ) Delete
Name: MORPHEW, JAN
Address: 4776 E CORNELL LAKE DRIVE
City-St-Zip: INVERNESS, FL 34453

Title: D ( ) Delete
Name: BAUER, CHARLA J
Address: 8860 E ORANGE AVENUE
City-St-Zip: FLORAL CITY, FL 34436

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: D ( ) Change (X) Addition
Name: DOCTOR, GWENDOLYN L
Address: 5425 IDELWEISE CT
City-St-Zip: SPRING HILL, FL 34606

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: ARNETT T. DOCTOR D 04/26/2005
Electronic Signature of Signing Officer or Director — Date