

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708128

1. Entity Name

ROSELAND GARDENS COMMUNITY CHURCH, INC.

Principal Place of Business

1515 U.S. HWY. 1
SUITE 201
SEBASTIAN FL 32958

Mailing Address

1515 U.S. HWY. 1
SUITE 201
SEBASTIAN FL 32958

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1864431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, JOHN G ESQUIRE
1515 U.S. HWY. 1
SUITE 201
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	HATHAWAY, SUSAN S.	
STREET ADDRESS	11195 ROSELAND RD. #3	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATHAWAY, RICHARD	
STREET ADDRESS	11195 ROSELAND RD. #3	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, VICTOR	
STREET ADDRESS	4659 34 AVENUE	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, SAM	
STREET ADDRESS	P.O. BOX 591	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowerment.

SIGNATURE:

R. Hathaway / Nicholas

6/5/01 561-589-1522

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90008 005 ****61.25

00058049



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)