


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90057 042 ****61.25

DOCUMENT # 712338 1. Entity Name ROSER MEMORIAL COMMUNITY CHURCH OF ANNA MARIA, FLORIDA, INC.					
Principal Place of Business FLORIDA, INC. 512 PINE AVENUE ANNA MARIA, FL 34216			Mailing Address FLORIDA, INC. P.O. BOX 247 ANNA MARIA, FL 34216		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1095982	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HORIGAN, JOHN 16 SEASIDE COURT HOLMES BEACH, FL 34217				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLMES, CHRISTINE 515 56TH STREET HOLMES BCH, FL 34217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARD WALTER PO BOX 1653, 512 South Pine ANNA MARIA, FL 34216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATEY, KAREN 7611 2ND AVE WEST BRADENTON, FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OEHLER, SHERRY 516 SPRING AVE- BOX 985 ANNA MARIA, FL 34216		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sherry Oehler SHERRY OEHLER 7/6/08 941-798-0414					