

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90074 025 \*\*\*\*61.25

**DOCUMENT # 733314**

1. Entity Name  
**ROSEMONT BAPTIST CHURCH OF NICEVILLE,  
FLORIDA, INCORPORATED**



Principal Place of Business

**27TH & PINE STREETS  
P.O. DRAWER 160  
NICEVILLE, FL 32588-0160**

Mailing Address

**27TH & PINE STREETS  
P.O. DRAWER 160  
NICEVILLE, FL 32588-0160**



01072005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1572457**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BARFIELD THOMAS A  
1469 CYPRESS ST  
NICEVILLE, FL 32578**

**DO NOT WRITE  
IN THIS SPACE**

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

*Thomas A. Barfield*

(NOTE: Registered Agent signature required when reinstating)

*02/23/2005*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	GEISER, WILLIAM D
STREET ADDRESS	1157 PIN OAK CIR.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	GEISER, WILLIAM D.
STREET ADDRESS	1157 PINE OAK CIR
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	VD
NAME	FRALISH, JEFFREY D
STREET ADDRESS	120 DANA POINTE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	MARTZ, EVA
STREET ADDRESS	224 PARKWOOD CIR. - 103 Julia St.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 empowered.

**SIGNATURE:**

*William D. Geiser*  
**WILLIAM D. GEISER MEASURER**

*02/23/05 8506781611*  
Date Daytime Phone #