

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733314

FILED
Jan 29, 2008
Secretary of State

Entity Name: ROSEMONT BAPTIST CHURCH OF NICEVILLE, FLORIDA, INCORPORATED

Current Principal Place of Business:

27TH & PINE STREETS
P.O. DRAWER 160
NICEVILLE, FL 325880160

New Principal Place of Business:

Current Mailing Address:

27TH & PINE STREETS
P.O. DRAWER 160
NICEVILLE, FL 325880160

New Mailing Address:

FEI Number: 59-1572457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARFIELD THOMAS A
1469 CYPRESS ST
NICEVILLE, FL 32578 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: ST () Delete
Name: GEISER, WILLIAM D
Address: 1157 PIN OAK CIR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: GEISER, WILLIAM D.
Address: 1157 PINE OAK CIR
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: FRALISH, JEFFREY D
Address: 120 DANA POINTE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: MARTZ, EVA
Address: 1003 JULIA AVE.
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: MIKLES, LANA
Address: 1122RHONDA DR.
City-St-Zip: NICEVILLE, FL 32578

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOMAS A. BARFIELD

TRUS

01/29/2008

Electronic Signature of Signing Officer or Director

Date