

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90025 028 ****61.25

DOCUMENT # 740761

1. Entity Name

THE ROSETTE WOMEN'S CLUB, INC.



Principal Place of Business

4094 COLUMBIA ST
ORLANDO FL 32811

Mailing Address

4094 COLUMBIA ST
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2132689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, MRS LOUISE
4094 COLUMBIA ST
ORLANDO FL 32811

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

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME SWIFT, ROSASITA
STREET ADDRESS 4276 NIMONS ST
CITY-ST-ZIP ORLANDO FL 32811

TITLE V ☐ Delete
NAME TEJADA, WANDA
STREET ADDRESS 624 COOKMAN AVE
CITY-ST-ZIP ORLANDO FL 32805

TITLE PD ☐ Delete
NAME STEWART, LOUISE
STREET ADDRESS 4094 COLUMBIA ST.
CITY-ST-ZIP ORLANDO FL 00000

TITLE TD ☐ Delete
NAME MIDDEBROOK, GRACE
STREET ADDRESS 232 LIONEL AVE.
CITY-ST-ZIP ORLANDO FL 00000

TITLE S ☒ Delete
NAME DALLAS, GENEVA
STREET ADDRESS 2231 OAKBRIDGE WAY
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 empowered.

SIGNATURE: *Louise Stewart*, LOUISE STEWART

2-20-04 407-295-6368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #