

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90056 031 ****61.25

| | | | | | |
|--|---|---|---|--|---|
| DOCUMENT # 740761 1. Entity Name THE ROSETTE WOMEN'S CLUB, INC. | | | |  | |
| Principal Place of Business 4094 COLUMBIA ST ATTN: LOUISE STEWART ORLANDO, FL 32811 | | | | Mailing Address 4094 COLUMBIA ST ATTN: LOUISE STEWART 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 | | |
| 6. Name and Address of Current Registered Agent STEWART, MRS LOUISE 4094 COLUMBIA ST ORLANDO, FL 32811 | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | SD SWIFT, ROSASITA 4276 NIMONS ST ORLANDO, FL 32811 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SAPP, GLORIA 4285 OWENS ST. ORLANDO, FL 32811 |
| | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TEJADA, WANDA 624 COOKMAN AVE ORLANDO, FL 32805 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEWART, LOUISE 4094 COLUMBIA ST. ORLANDO, FL 00000 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MIDDEBROOK, GRACE 232 LIONEL AVE. ORLANDO, FL 00000 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: <u>Louise Stewart, Pres.</u> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 2/6/06 407-295-6368 <small>Date Daytime Phone #</small> | |

40015644



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2132689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by May 1, 2006

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 | <input checked="" type="checkbox"/> Delete |
| NAME | SWIFT, ROSASITA | |
| STREET ADDRESS | 4276 NIMONS ST | |
| CITY-ST-ZIP | ORLANDO, FL 32811 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | TEJADA, WANDA | |
| STREET ADDRESS | 624 COOKMAN AVE | |
| CITY-ST-ZIP | ORLANDO, FL 32805 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | STEWART, LOUISE | |
| STREET ADDRESS | 4094 COLUMBIA ST. | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MIDDEBROOK, GRACE | |
| STREET ADDRESS | 232 LIONEL AVE. | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | |
| 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 | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SAPP, GLORIA | |
| STREET ADDRESS | 4285 OWENS ST. | |
| CITY-ST-ZIP | ORLANDO, FL 32811 | |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Louise Stewart, Pres.

2/6/06 407-295-6368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #