

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747979

1. Entity Name

ROSEMONT BAPTIST CHURCH OF ORLANDO, INC.

Principal Place of Business

4236 JOHN YOUNG PKWY
P.O. BOX 54-7903 (328547903)
ORLANDO FL 32804
US

Mailing Address

P O BOX 547903
P.O. BOX 54-7903 (328547903)
ORLANDO FL 32854-7903
US

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

BELL EDWARD
7645 BOREAS DR
ORLANDO FL 32810

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME BELL, ED
STREET ADDRESS 7645 BOREAS DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE TR
NAME TESTON, LONNIE
STREET ADDRESS 2200 QUEENSWAY RD
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE TR
NAME MADDOX, WILSON R.
STREET ADDRESS 655 BARRY STREET
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE O
NAME BELL, BARBARA
STREET ADDRESS 7645 BOREAS
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE O
NAME MADDOX, LAURA
STREET ADDRESS 4909 KARL LANE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: Barbara Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90009 032 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1027422

Applied For
Not Applicable

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

CR2E037 (10/00)

2/21/01 407-277-8624