

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

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90050 031 \*\*\*\*61.25

**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

4. FEI Number

59-1027422

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

BELL EDWARD  
7645 BOREAS DR  
ORLANDO FL 32810

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

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

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

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

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

TITLE S ☐ Delete  
NAME SOUTHALL, ANNIE RUTH  
STREET ADDRESS 414 E. PINE ST., PAT 1406  
CITY-ST-ZIP ORLANDO FL

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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 C Bell* Barbara C. Bell Feb. 16 2004 407-277-8621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #