

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90039 041 ****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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Palmer, Frances
CITY-ST-ZIP 4116 Bay Breeze Rd.
Orlando, FL

TITLE ☐ Delete
NAME TR
STREET ADDRESS BJRKHALTER, BILLY
CITY-ST-ZIP 585 NORTH WEKIWA SPRINGS RD
APOPKA FL 32712

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 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:

Barbara C Bell

2/3/06

407-277-8621