


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90033 050 ****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
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01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1027422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BELL EDWARD 7645 BOREAS DR ORLANDO, FL 32810

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, ED 7645 BOREAS DR ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BURKHALTER, BILLY 585 NORTH WEKIVA SPRINGS RD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MADDOX, WILSON R. 655 BARRY STREET ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BELL, BARBARA 7645 BOREAS ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUTHALL, ANNIE RUTH 414 E. PINE ST., PAT 1408 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALMER, FRANCES 4416 BAY BREEZE RD 4416 Bay Breeze Rd ORLANDO, FL 32808 32808

**DO NOT WRITE
IN THIS SPACE**

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: *Frances H. Palmer* *Frances Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07 *407-277-8621*

Date Daytime Phone #