

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90105 024 \*\*\*\*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**

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

TITLE **S** ☐ Change ☒ Addition  
NAME **SOUTHALL, ANNIE RUTH**  
STREET ADDRESS **414 E. Pine St Apt. 1406**  
CITY-ST-ZIP **ORLANDO FL**

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

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

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

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

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

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

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

*Signature of Barbara C. Bell*

**BARBARA C. BELL**

**4/21/03 407-277-8621**

CR2E037 (10/02)