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

DOCUMENT # 747979

1. Entity Name

ROSEMONT BAPTIST CHURCH OF ORLANDO, INC.



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

04-23-2003 90105 024 ****61.25

Principal Place o							
	of Business	Mailing Address		·			
4236 JOHN YOUNG PKWY P P.O.BOX 54-7903 (328547903) P. ORLANDO FL 32804 O		P O BOX 547903 P.O.BOX 54-7903 (328547903) ORLANDO FL 32854-7903 US			1/81/ 188/3 18/1/ (REJE HAN 2/8/) BIĞI GIR.	15 84861 81861 81861 HBB1	
2. Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number	4. FEI Number 59-1027422		
Zip	- Country	z Zip	Country	5 Certificate of		Not Applicable 75 Additional Required	
·	6. Name and Address of Current	Registered Agent		7. Name and Ac	Idress of New Registered Age		
			Name				
BELL EDWA	RD		0				
7645 BOREAS DR			Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO F	FL 32810					1	
			City		FL	Zip Code	
8. The above na	med entity submits this statement fo	the purpose of changing its re	gistered office or	registered agent, or both, i	n the State of Florida. I am famil	liar with, and accept	
the obligation	s of registered agent.			_			
SIGNATURE	ineture, typed or printed name of registered agent	and title if applicable (NOTE: 9	Partietorad Anent einnet	re required when reinstating)	DATE		
	material, typed of printed finding of registered agents	and the II applicable. (NOTC, II	egistered Agent alghatt	ille reduiled Wright tellistatilig)	DAIC		
0 Floation Common			-1 F !1	\$5.00 мау Ве	State Object D		
* FIL	LE NOW: FEE IS \$61.25	•	9. Election Campaign Financing Trust Fund Contribution.		Make Check Pa	- 1	
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TOURNATURE IGOGNIFBARBARA C. BELL

4/21/03

407-277-862