

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90034 002 ****61.25

DOCUMENT # 748650

1. Entity Name

ROSA LEE SINGLETON EVANGELISTIC ASSOCIATION, INC

Principal Place of Business

P O BOX 1881
 PALATKA FL 32178

Mailing Address

P O BOX 1881
 PALATKA FL 32178

2. Principal Place of Business

115 Azalea Cir
 Suite, Apt. #, etc.

3. Mailing Address

7 P O Box 1881
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALATKA FL

City & State

PALATKA FL 32178

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32178

Country

Zip

32178

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGLETON, ROSA L
 115 AZALEA CIR
 PALATKA FL 32177

115 AZALEA CIR.

7. Name and Address of New Registered Agent

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME SINGLETON, REV. ROSA L. DD ☐ Delete
 STREET ADDRESS 115 AZALEA
 CITY-ST-ZIP PALATKA FL

TITLE VD
 NAME SINGLETON, CEDRIC H. ☐ Delete
 STREET ADDRESS 7608 S SANIBEL CIR
 CITY-ST-ZIP TAMPA FL 33637

TITLE TD
 NAME MONROE, JOSEPH T. ☐ Delete
 STREET ADDRESS 17911 SIMMS RD
 CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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.

SIGNATURE:

Rosa Lee Singleton 1/07/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1404-3299313

CR2E037 (10/00)