

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

01-29-2002 90083 020 ****26.25
 03-13-2002 90105 035 ****43.75

DOCUMENT # 748650

1. Entity Name

**ROSA LEE SINGLETON EVANGELISTIC ASSOCIATION, INC
 CORPORATION**

Principal Place of Business

Mailing Address

P O BOX 1881
 115 AZALEA CIRCLE
 PALATKA FL 32178

P O BOX 1881
 PALATKA FL 32178

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 **NOT APPLICABLE**

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

**SINGLETON, ROSA L
 115 AZALEA CIR
 PALATKA FL 32177**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	SINGLETON, REV. ROSA L DD	
STREET ADDRESS	115 AZALEA	
CITY-ST-ZIP	PALATKA FL	
TITLE	VD	☐ Delete
NAME	SINGLETON, CEDRIC H.	
STREET ADDRESS	7608 S SANIBEL CIR	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	TD	☐ Delete
NAME	MONROE, JOSEPH T.	
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		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Rosa Lee Singleton
 Dr Rosa Lee Singleton President

Cell Phone
 71, 386 972 4365

386 329 9313

CR2E037 (9/01)