

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748650

FILED  
May 23, 2007  
Secretary of State

**Entity Name:** ROSA LEE SINGLETON EVANGELISTIC ASSOCIATION, INCORPORATION

**Current Principal Place of Business:**

P O BOX 1881  
115 AZALEA CIRCLE  
PALATKA, FL 32178

**New Principal Place of Business:**

115 AZALEA CIRCLE  
PALATKA, FL 32178

**Current Mailing Address:**

P O BOX 1881  
PALATKA, FL 32178

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SINGLETON, ROSA L.  
115 AZALEA CIR  
PALATKA, FL 32177 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SINGLETON, REV. ROSA L., DD  
Address: 115 AZALEA  
City-St-Zip: PALATKA, FL

Title: VD ( ) Delete  
Name: SINGLETON, CEDRIC H.,  
Address: 7608 S SANIBEL CIR  
City-St-Zip: TAMPA, FL 33637

Title: TD ( ) Delete  
Name: MONROE, JOSEPH T.,  
Address: 17911 SIMMS RD  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONROE, JOSEPH

TD

05/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date