


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90054 020 \*\*\*\*61.25

<b>DOCUMENT # N00000002539</b>					
<b>1. Entity Name</b> ROSEWOOD CENTER FOR PRAYER AND SPIRITUALITY, INC.					
<b>Principal Place of Business</b> 931 W OAKS ST KISSIMMEE, FL 34741			<b>Mailing Address</b> 931 W OAKS ST KISSIMMEE, FL 34741		
<b>2. Principal Place of Business</b> 600 N. THACKER AVE Suite, Apt. #, etc. Suite B-2 City & State Kissimmee, FL Zip 34741		<b>3. Mailing Address</b> P.O. Box 452997 Suite, Apt. #, etc. City & State Kissimmee, FL Zip 34745-2997			
Country OSCEOLA		Country OSCEOLA		03162004 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 59-3640150		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STULTING, CURTIS B 1949 SHADOW OAKS RD. KISSIMMEE, FL 34744-5308			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>  SIGNATURE <u>Curtis B. Stulting</u> <u>Curtis B. STULTING</u> <u>March 17, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STULTING, CURTIS B 1949 SHADOW OAKS ROAD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Biehl, Dave 5244 Springside Court Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ROSSO, PAMELA A 1949 SHADOW OAKS ROAD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Campbell, Brian 122 Westmoreland Circle Kissimmee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WAUGH, JOHN 1775 LEMON AVENUE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CUNDIFF, PAULA 14 Glenlake Dr. Kissimmee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SCHWENDINGER, PAULA 2150 ST. RD. 559 GUADALUPE MISSION WAHENTA, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ALBERT, Peggy 1301 Village Lane Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ALBERT, PEGGY 68 CHENEY PLACE ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ALBERT, Peggy 1301 Village Lane Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Curtis B. Stulting</u> <u>Curtis B. STULTING</u> <u>3/17/04</u> <u>(407) 273-9919</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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