

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


**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90064 020 \*\*\*\*61.25

UBR0002

**DOCUMENT # N00000002539**

1. Entity Name  
**ROSEWOOD CENTER FOR PRAYER AND SPIRITUALITY, INC**



Principal Place of Business      Mailing Address  
**P.O. BOX 452997**      **P.O. BOX 452997**  
**KISSIMMEE FL 34745-2997**      **KISSIMMEE FL 34745-2997**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

**931 West OAK ST.**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**#103-1**

City & State      City & State

**Kissimmee, FL.**

Zip      Country      Zip      Country

**34741**      **USA**

4. FEI Number **59-3640150**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STULTING, CURTIS B**  
**1949 SHADOW OAKS RD.**  
**KISSIMMEE FL 34744-5308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>STULTING, CURTIS B</b>	
STREET ADDRESS	<b>1949 SHADOW OAKS ROAD</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSSO, PAMELA A</b>	
STREET ADDRESS	<b>1949 SHADOW OAKS ROAD</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>WAUGH, JOHN</b>	
STREET ADDRESS	<b>1775 LEMON AVENUE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWENDINGER, PAULA</b>	
STREET ADDRESS	<b>2150 ST. RD. 559 GUADALUPE MISSION</b>	
CITY-ST-ZIP	<b>WAHENTA FL 33880</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>ALBERT, PEGGY</b>	
STREET ADDRESS	<b>68 CHENEY PLACE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>MD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAULA CUNDIFF</b>	
STREET ADDRESS	<b>2306 SONORA CT.</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34746</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.

SIGNATURE: **SIGNATURE OF REGISTERED AGENT: CURTIS B. STULTING**      Date: **1/18/03**      Phone: **(407) 654-2026**

CR2E037 (10/02)