

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004809

FILED  
Apr 11, 2008  
Secretary of State

**Entity Name:** ROSELAND CHRISTIAN PRE-SCHOOL, INC.

**Current Principal Place of Business:**

8205 129TH CT.  
ROSELAND, FL 32957

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 157  
ROSELAND, FL 32957

**New Mailing Address:**

**FEI Number:** 59-3729152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARK, CHARLENE  
8205 129TH CT.  
ROSELAND, FL 32957 US

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

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: CLARK, CHARLENE  
Address: 1273 GEORGE ST.  
City-St-Zip: SEBASTIAN, FL 32958

Title: D ( ) Delete  
Name: BARRY, ETHEL  
Address: 680 DOCTOR AVE  
City-St-Zip: SEBASTIAN, FL 32958

Title: D ( ) Delete  
Name: HERRMANN, LESLIE  
Address: 586 REDWOOD CT  
City-St-Zip: SEBASTIAN, FL 32958

**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: CHARLENE CLARK

PD

04/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date