

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000112

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE ROSSETTER HOUSE FOUNDATION, INC.

Current Principal Place of Business:

1320 HIGHLAND AVENUE
OLD EAU GALLIE, FL 32935 US

New Principal Place of Business:

1320 HIGHLAND AVENUE
MELBOURNE, FL 32935 US

Current Mailing Address:

435 BREVARD AVENUE
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 59-3162109 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROTEMARKLE, BENJAMIN D
435 BREVARD AVENUE
COCOA, FL 32922 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: T () Delete
Name: SPEARMAN, DELORES O
Address: 51 RIDGE COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: BOLDRICK, SAMUEL
Address: P.O. BOX 011349
City-St-Zip: MIAMI, FL 33101

Title: T () Delete
Name: POTTER, WILLIAM
Address: 700 S. BABCOCK ST., SUITE 400
City-St-Zip: MELBOURNE, FL 32902 25

Title: P () Delete
Name: WEST, PERRY
Address: 403 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: ED () Delete
Name: BROTEMARKLE, BENJAMIN D
Address: 4895 YEW CT.
City-St-Zip: TITUSVILLE, FL 32796

Title: T () Delete
Name: WYNNE, LEWIS N
Address: 20 VALENCIA RD
City-St-Zip: ROCKLEDGE, FL 32955

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:

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

Title: () Change () Addition
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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: DR. BEN BROTEMARKLE

ED

04/14/2009

Electronic Signature of Signing Officer or Director

Date