

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90045 010 ****61.25

DOCUMENT # N95000000592

1. Entity Name

THE ROSE TEMPLE APOSTOLIC CHURCH, INC.



Principal Place of Business

6528 SE 1ST TERRACE
BUSHNELL FL 33513

Mailing Address

P.O. BOX 831
BUSHNELL FL 33513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3317881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARON, ELIJAH
6528 SE 1ST TERRACE
BUSHNELL FL 33513

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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: D ☒ Delete
NAME: OWENS, CURLLY
STREET ADDRESS: 7438 MOBLEY ROAD
CITY-ST-ZIP: BROOKSVILLE FL 34601

TITLE: MD ☐ Delete
NAME: MILLER, MARY
STREET ADDRESS: 136 S.E. 66 LANE
CITY-ST-ZIP: BUSHNELL FL 33513

TITLE: VPD ☐ Delete
NAME: ARON, LOUISE
STREET ADDRESS: 6508 S.E. 1ST TERRACE
CITY-ST-ZIP: BUSHNELL FL 33513

TITLE: ST ☐ Delete
NAME: OWENS, TASHENIA
STREET ADDRESS: 6947 CR 557
CITY-ST-ZIP: BUSHNELL FL 33513

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☐ Change ☒ Addition
NAME: Owens, A'chaia
STREET ADDRESS: 6947 CR 557
CITY-ST-ZIP: Bushnell, Fla 33513

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 owner 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 attached statement with an address, with all other like empowered.

SIGNATURE: *Louise Aron* VPD Louise Aron

2-3-06 352-568-1038