

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90045 007 ****61.25

DOCUMENT # N95000001282

1. Entity Name

THE ROSE GARDEN CHILDREN'S FOUNDATION, INC.

Principal Place of Business

Mailing Address

3501 N.E. 10TH STREET
OCALA FL 34470

3501 N.E. 10TH STREET
OCALA FL 34470

2. Principal Place of Business

6148 OIL WELL ROAD

3. Mailing Address

Suite, Apt. #, etc.

- SAME -

City & State

CLERMONT, FL.

City & State

CLERMONT, FL.

Zip

34711

Country

USA.

Zip

34711

Country

USA.

4. FEI Number

65-0569987

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDMUNDS, DENISE
10001 NW 115TH AVE
REDDICK FL 32686

7. Name and Address of New Registered Agent

Name

EDMUNDS, DENISE

Street Address (P.O. Box Number is Not Acceptable)

6148 OIL WELL ROAD

City

CLERMONT

FL

Zip Code

34711

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.

SIGNATURE

[Signature of Denise Edmunds]

4/16/02

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

(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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NETTI, DOMINICK	
STREET ADDRESS	2302 ASH STREET	
CITY-ST-ZIP	SCRANTON PA 18510	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ROSE J	
STREET ADDRESS	3501 N.E. 10TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ALPHONSE	
STREET ADDRESS	839 QUINCY AVE	
CITY-ST-ZIP	SCRANTON PA 18510	
TITLE	EDMUNDS, DANNY L	<input type="checkbox"/> Delete
NAME	EDMUNDS, DANNY L	
STREET ADDRESS	3501 N.E. 10TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE-PRESIDENT-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMUNDS, DENISE	
STREET ADDRESS	6148 OIL WELL ROAD	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	ARCHBISHOP MICHAEL CHAMPION	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	1416 W. 57TH ST.	
CITY-ST-ZIP	CLEVELAND, OH 44012	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METROPOLITAN STEPHEN PETROVICH	
STREET ADDRESS	1416 W. 57TH ST.	
CITY-ST-ZIP	CLEVELAND, OH 44012	
TITLE	PRESIDENT-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMUNDS, DANNY L.	
STREET ADDRESS	1128 VINE STREET 3RD FL.	
CITY-ST-ZIP	SCRANTON, PA.	
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		

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 Danny L. Edmunds]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

570-342-6114

Daytime Phone #

CR2E037 (9/01)