

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

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90015 041 \*\*\*\*70.00

**DOCUMENT # N95000001282**

1. Entity Name

**THE ROSE GARDEN CHILDREN'S FOUNDATION, INC.**



Principal Place of Business

**8510 WOODDRIFT DR.  
TAMPA FL 33615**

Mailing Address

**8510 WOODDRIFT DR.  
TAMPA FL 33615**

**55045851**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**EDMUNDS, DENISE  
8510 WOODDRIFT DR.  
TAMPA FL 33615**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete  
NAME **EDMUNDS, DENISE**  
STREET ADDRESS **6148 OIL WELL ROAD**  
CITY-ST-ZIP **CLERMONT FL 347114**

TITLE **AD** ☒ Delete  
NAME **CHAMPION, MICHAEL**  
STREET ADDRESS **1416 W 57TH ST**  
CITY-ST-ZIP **CLEVELAND OH 44012**

TITLE **DM** ☒ Delete  
NAME **PETROVICH, STEPHEN**  
STREET ADDRESS **1416 W 57TH ST**  
CITY-ST-ZIP **CLEVELAND OH 44012**

TITLE **PD** ☐ Delete  
NAME **EDMUNDS, DANNY L**  
STREET ADDRESS **1128 VINE STREET 3RD FL**  
CITY-ST-ZIP **SCRANTON PA**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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)(f), 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 REQUIRED**

**DAN L. EDMUNDS**

**4/2/03**

**570-604-5706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)