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

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

				^	04.20.2002.0	-	70.00	
DOCUMENT # N9500001282					04-30-2003 9	0015 041 ****	' 70.00	
THE ROS	GE GARDEN CHILDREN'S FO	UNDATION, INC.						
Principal Place of Business Mailing Address					55045851			
8510 WOODDRIFT DR. 8510 WOODDRIFT DR. TAMPA FL 33615 TAMPA FL 33615					30020001			
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2. Principal I	Place of Business							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	ilte, Apt. #, etc.		CHECK-HERE-IF M	AKING:CHANGES		
City & State		City & State		4. FEI Number 6	35-0569987 Applied Not App		oplied For ot Applicable	-
Zip Country		Zip	Zip Country		Status Desired	\$8.75 Add	ditional	7
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
		`Name	Name					
EDMUNDS, DENISE 8510 WOODDRIFT DR. TAMPA FL 33615			Street Address (P.O. Box Number is Not Acceptable)					
IAMPA F	-L 33815							
			City	•		FL Zip Cod	е	ļ
	e named entity submits this statement fo ations of registered agent.	r the purpose of changing its n	agistered office o	r registered agent, or both, in	the State of Florida.	I am familiar with,	and accept	1
SIGNATURE	Signature, typed or printed name of registered apent	and title if applicable. : (NOTE:	Registered Apent signal	ture required when reinstating)		DATE		}
					τ	:		-
E = 00	SUE NOW, THE IS SEA OF	9. Election Camp	saigh Financing	\$5.00 May Be	Make (heck Payable.	to	
FILE NOW: FEE IS \$61.25 Trust Fund Co.			intribution.	Added to Fees		epartment of S		
10.	OFFICERS AND DIE		T 11.	ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN	10	1
TITLE	VPD	Delete	TITLE	VICE-PRESIDENT		Change	Addition	18
NAME	EDMUNDS, DENISE		NAME	EDMUNDS, DENISE	- D	,		10/02
STREET ADDRESS	6148 OIL WELL ROAD		STREET ADDRESS	8510 WOODDRIF		•		16
CITY-ST-ZIP	CLERMONT FL 34-7114	<u>.</u>	CITY-ST-ZIP	TAMPA, FL 3	36/5	·		12
TITLE	AD CHAMPION, MICHAEL	Delete	TITLE	DIRECTOR/ SECRET	HEY 1 - TO	☐ Change	Addition Addition	18
NAME STREET ADDRESS	1416 W 57TH ST		NAME STREET ADDRESS	BOYLE, SHERRY RR' 4, BOX 4247	, ROUTE 307			
CITY-ST-ZIP	CLEVELAND OH 44012		CITY-ST-ZIP	MOSCOW, PA	ા જ્વવવ			
TITLE	DM	□X Delete	TITLE			☐ Change	Addition	1
NAME	PETROVICH, STEPHEN		-NAME	-, 	~ - 			
STREET AODRESS CITY-ST-ZIP	1416 W 57TH ST CLEVELAND OH 44012		STREET ADDRESS CITY-ST-ZIP					1
THLE	PD PD	☐ Delete	{- <u>-</u>	PRESIDENT		Change	☐ Addition	{
NAME	EDMUNDS, DANNY, L	C CANEGE	NAME	EDMUNDS DANN	(L:-D	CA CITALINE	☐ ₩aminin	
STREET ADDRESS	1128 VINE STREET 3RD FL		"STREET ADDRESS"	HAD S BLAKEL	y 57.			
CITY-ST-ZIP	SCRANTON PA	·	CITY-ST-ZIP	DUNMORE, PA 1	\$512			 -
TITLE		Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	1	•	NAME STREET ADDRESS					ł
CITY-ST-ZIP			CITY-ST-ZIP					ł
TIFLE	 	☐ Delete	TITLE	 _		☐ Change	☐ Addition	1
NAME		verienc	NAME					
STREET ADDRESS		•	STREET ADDRESS					
Arthu AT THE			CITY-ST-ZIP					t
CITY-ST-ZIP	<u> </u>		UII - UI - ZIF					ļ

12. I hereby certify that the information supplied with this filling 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 path; 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:

SANCILEIS DIQUIRED DAN L. EDIQUIDS

4/2/03

570-604-5700

Daytime Phone #