

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002584 (9)

1. Corporation Name

ROSA/MARIA CHRISTIAN TEACHING CENTER, INC.



Principal Place of Business

Mailing Address

1116 WEST ORANGE AVE.
TALLAHASSEE FL 32310

1116 WEST ORANGE AVE.
TALLAHASSEE FL 32310

3. Date Incorporated or Qualified
06/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** 2817 Bardswood Lane

4. FEI Number
59-3174830

Applied For
Not Applicable

22 City & State

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State

27 City & State
28 Tallahassee, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **25** Country

29 32310 **30** USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, SHADRICK L
2817 BARDSWOOD LANE
TALLAHASSEE FL 32310

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **WALKER, SHADRICK L**
STREET ADDRESS **2817 BARDSWOOD LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **CONKLIN, YVONNE**
1.3 STREET ADDRESS **P.O. BOX 2**
1.4 CITY-ST-ZIP **PANACEA, FL. 32346**

TITLE **D** ☐ DELETE
NAME **WALKER, SYLVIA L**
STREET ADDRESS **2817 BARDSWOOD LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **CONKLIN, JARNAL**
2.3 STREET ADDRESS **P.O. BOX 2**
2.4 CITY-ST-ZIP **PANACEA, FL. 32346**

TITLE **D** ☐ DELETE
NAME **GEORGE, DOROTHY**
STREET ADDRESS **1035 OLD SHELL POINT RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RAINS, YVONNE**
STREET ADDRESS **8631 WIDE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shadrick L. Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 April 1996

Date

Daytime Phone #

CR2E037 (12/95)