

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90008 012 \*\*\*\*70.00

**DOCUMENT # N95000002584**

1. Entity Name

**ROSA/MARIA CHRISTIAN TEACHING CENTER, INC.**

Principal Place of Business

**1116 WEST ORANGE AVE.  
TALLAHASSEE FL 32310**

Mailing Address

**2817 BARDSWOOD LANE  
TALLAHASSEE FL 32310  
US**

80060989



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3174830**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, SHADRICK L  
2817 BARDSWOOD LANE  
TALLAHASSEE FL 32310**

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.

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  
After September 12, 2001, min. will be \$236.25**

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

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

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

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

TITLE **D** ☐ Delete  
NAME **COHEN, JAMES**  
STREET ADDRESS **138 HUTCHINSON STREET**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete  
NAME **COHEN, JULIA**  
STREET ADDRESS **1338 HUTCHINSON STREET**  
CITY-ST-ZIP **TALLAHASSEE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
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 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: *Sylvia L. Walker* (Sylvia L. Walker) 7-26-01 860-421-7573

CR2E037 (5/01)