

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

**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



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

WALKER, SHADRICK L  
2817 BARDSWOOD LANE  
TALLAHASSEE FL 32310

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
D	WALKER, SHADRICK L	2817 BARDSWOOD LANE	TALLAHASSEE FL 32310	<input type="checkbox"/>	<input type="checkbox"/>
D	WALKER, SYLVIA L	2817 BARDSWOOD LANE	TALLAHASSEE FL 32310	<input type="checkbox"/>	<input type="checkbox"/>
D	GEORGE, DOROTHY	1035 OLD SHELL POINT RD.	TALLAHASSEE FL 32310	<input type="checkbox"/>	<input type="checkbox"/>
D	RAINS, YVONNE	8631 WIDE ROAD	TALLAHASSEE FL 32310	<input type="checkbox"/>	<input type="checkbox"/>
D	COHEN, JAMES	138 HUTCHINSON STREET	TALLAHASSEE FL	<input type="checkbox"/>	<input type="checkbox"/>
D	COHEN, JULIA	1338 HUTCHINSON STREET	TALLAHASSEE FL	<input type="checkbox"/>	<input type="checkbox"/>

U00000247577  
03/01/05-80026-020 70.00

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:

*Shadrick L. Walker*

27 Feb 2005

421-7573