

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

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90053 030 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3174830**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** 8/18/03 850-421-7573

CR2E037 (4/03)