FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000003953 1. Corporation Name

ROSEMARY'S BARRIER FREE COUNTRY INN, INC.

					369566 - 90304 -	35 6 *	•
Principal Place	e of Business	Mailing Address			1		
3315 W HORA		3315 W HORATIO ST) (OB)(COL OSE (OSE) OSE(S ODE) ESCUE ESCUE	ABIAN (1)18 (8)31 DI	AR CHENTER
		APT 112					
		TAMPA FL 33609			I INDESTRUCTION OF THE THIRD THE PROPERTY OF THE	i seies hine ister si	1 49 (8) (80)
U\$		US			j		
2. Principal P	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed		
21	·	26			08/17/1995		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		olied For
		27		59-3414398		Applicable	
City & State		City & State		5. Certificate of Status Desired	\$8.75 A		
23		28				Fee Rec	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	
24	25	29 30	0		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Registere	ad Agent	
			81	Name			
ROSEMARY, ELLIS			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
3315 W H	ORATIO ST		-				
APT 112			83				
TAMPA FL 33609			84	City		. 85 Zip C	ode
				Ť	F		
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							
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby 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 agen			t signature required		AND DIDECTOR	DC IN 12
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	D / 1	DELETE	1.1 TITLE	7.0	Con offo		□ Addition I
NAME	GADARIAN, LINDA				מאומער אים		☐ Addition
STREET ADDRESS	216 S.OCCIDENT ST		1.2 NAME	ورازا	es Smith Hill Drive	□ Creango	∰ Addition
CITY-ST-ZIP	TAMPA FL 33609		1	ADDRESS 52	16 Maple Hill Drive		Addition
	17 000 711 0 00000		1.3 STREET	ADDRESS 52	ampa, FL 33617		<u>,</u>
TITLE	D	☐ DELETE	1.3 STREET 1.4 CITY-S 2.1 TITLE	ADDRESS 52	ampa, FL 33617	☐ Change	Addition Addition
NAME		DELETE	1.3 STREET	ADDRESS 52 T-ZIP TO	ampa, FL 33617 ampa LOU PROTHEROE		<u>,</u>
1	D	DELETE	1.3 STREET 1.4 CITY-S 2.1 TITLE	ADDRESS 52	ampa, FL 33617 ampa, FL 33617 any LOU Frotheroe 17 Bay Vista		<u>,</u>
NAME	D Yore, John		1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	ADDRESS 5Z T-ZIP TO TADDRESS 49	ampa, FL 33617 ampa LOU PROTHEROE	☐ Change	Addition
NAME STREET ADDRESS	D YORE, JOHN 9201 RIVERCOVE DRIVE	DELETE	1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS 5Z T-ZIP TO TADDRESS 49	ampa, FL 33617 any Lou Rootheroe 27 Bay Vista arn pa FL, 33611.	☐ Change	<u>,</u>
NAME STREET ADDRESS CITY-ST-ZIP	D Yore, John 9201 Rivercove Drive Riverview FL		1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS 52 T.ZIP TADDRESS 49 T.ZIP TO	ampa, FL 33617 any LOU Frotheroe 27 Bay Vista mpa FL, 33611- hn Helms	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D YORE, JOHN 9201 RIVERCOVE DRIVE RIVERVIEW FL STD		1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS 52 T.ZIP ADDRESS 49 T.ZIP JO	ampa, FL 33617 ampa, FL 33617 any Lou Reotheror 17 Bay Vista 2mpa FL, 33611 hm Helms 109 Trovewood Ct.	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D YORE, JOHN 9201 RIVERCOVE DRIVE RIVERVIEW FL STD GREENBERG, MICHELLE		1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS 52 T. ZIP 72 ADDRESS 73 T. ZIP 70 TADDRESS 30	ampa, FL 33617 any LOU Frotheroe 27 Bay Vista mpa FL, 33611- hn Helms	☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	D YORE, JOHN 9201 RIVERCOVE DRIVE RIVERVIEW FL STD GREENBERG, MICHELLE 5000 S. HIMES AVE., #331		1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS 52 T. ZIP 72 ADDRESS 73 T. ZIP 70 TADDRESS 30	ampa, FL 33617 ampa, FL 33617 any Lou Reotheror 17 Bay Vista 2mpa FL, 33611 hm Helms 109 Trovewood Ct.	☐ Change	Addition
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14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90304 035 ****70.00