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Apr 20, 1999 8:00 am
Secretary of State

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

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

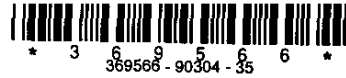


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003953

1. Corporation Name

ROSEMARY'S BARRIER FREE COUNTRY INN, INC.



Principal Place of Business

3315 W HORATIO ST
APT 112
TAMPA FL 33609
US

Mailing Address

3315 W HORATIO ST
APT 112
TAMPA FL 33609
US



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		08/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3414398	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

ROSEMARY, ELLIS
3315 W HORATIO ST
APT 112
TAMPA FL 33609

10. Name and Address of New Registered Agent

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GADARIAN, LINDA	1.2 NAME	Tres Smith
STREET ADDRESS	216 S. OCCIDENT ST	1.3 STREET ADDRESS	5216 Maple Hill Drive
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	Tampa, FL 33617
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YORE, JOHN	2.2 NAME	Mary Lou Brotherton
STREET ADDRESS	9201 RIVERCOVE DRIVE	2.3 STREET ADDRESS	4227 Bay Vista
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	Tampa, FL 33611
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, MICHELLE	3.2 NAME	John Helms
STREET ADDRESS	5000 S. HIMES AVE., #331	3.3 STREET ADDRESS	3009 Grovewood Ct. Unit E
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MARILYN	4.2 NAME	
STREET ADDRESS	550 W. HILLSBOROUGH	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOE	5.2 NAME	
STREET ADDRESS	3201 TAMPA BAY BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE REQUIRED

4-15-99 (813) 878-2104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #