2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90018 003 ****61.25

DOCUMENT # N99000001671

1. Entity Name

ROSEWOOD FAMILY REUNION, INC.

Principal Place of Business	Mailing Address
2470 16TH AVE. SOUTH ST. PETERSBURG FL 33712	2470 16TH AVE. SOUTH ST. PETERSBURG FL 33712

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
34320 Ridge manor Blvd	34320 Ridge Manor Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ridge Manor, Fl.	City & State: Ridge Manor, Fl.
Zip: 33523 Country:	Zip: 33523 Country:

1st MOORE CR2E037 (10/07)

4. FEI Number: 59-3574281 ☐ 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
DOCTOR, YVONNE T 2470 16TH AVE. SOUTH ST. PETERSBURG FL 33712	Name: Ebony Pickett Street Address (P.O. Box Number is Not Acceptable): 34320 Ridge Manor Blvd City: Ridge Manor FL Zip Code: 33523

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: Ebony Pickett / EBONY Pickett 4/19/08
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
Due By May 1, 2008

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	T WILLIAMS, EVELYN 34320 RIDGE MANOR BLVD RIDGE MANOR FL 33523	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PICKETT, EBONY 20755 PINE PRODUCT ROAD DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, CATHLEEN 2082 BALFOUR CIR TAMPA FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PETHWAY, THELMA 8274-B FORREST AVENUE PHILADELPHIA PA 19150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Miller / Cathleen Miller 4/22/08 813-334-6407