

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004489

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** ROSE OF SHARON WORSHIP CENTER, INC.

**Current Principal Place of Business:**

115 STATE RD. 50  
GROVELAND, FL 34736

**New Principal Place of Business:**

**Current Mailing Address:**

112 STATE RD. 50  
GROVELAND, FL 34736

**New Mailing Address:**

**FEI Number:** 59-3590117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FENDER, HARVEY C  
112 STATE RD. 50  
GROVELAND, FL 34736 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** FENDER, HARVEY C  
**Address:** 112 STATE RD. 50  
**City-St-Zip:** GROVELAND, FL 34736

**Title:** SD  
**Name:** FENDER, JUNE E  
**Address:** 112 STATE RD. 50  
**City-St-Zip:** GROVELAND, FL 34736

**Title:** TD  
**Name:** KIFER, ELIZABETH  
**Address:** PO BOX 704  
**City-St-Zip:** COPPERHILL, TN 37317

**Title:** D  
**Name:** COFIELD, GLORIA Z  
**Address:** 16148 WINWOOD LANE  
**City-St-Zip:** GROVELAND, FL 34736

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JUNE FENDER

SD

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date