

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002764

FILED
Apr 13, 2018
Secretary of State
CC6120668237

Entity Name: THE ROSEWOOD HERITAGE FOUNDATION, INC.

Current Principal Place of Business:

1825 NW 22ND TERRACE
GAINESVILLE, FL 32605

Current Mailing Address:

1825 NW 22ND TERRACE
GAINESVILLE, FL 32605 US

FEI Number: 59-3347023

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DUPREE, SHERRY
1825 NW 22ND TERRACE
GAINESVILLE, FL 32605 US

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: SHERRY DUPREE

04/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name BLACK, JANIE B
Address 8300 NW 14TH COURT
City-State-Zip: MIAMI FL 33147-5228

Title D
Name HALL, STEPHANIE
Address P.O. BOX 504
City-State-Zip: HILLARD FL 32046

Title D
Name DUPREE, SHERRY S
Address 1825 NW 22 TERRACE
City-State-Zip: GAINESVILLE FL 32605

Title D
Name BURGESS, BONNIE K
Address 12605 NW 157 STREET
City-State-Zip: ALACHUA FL 32615

Title D
Name HOWELL, MICHAEL M
Address 12605 NW 157 STREET
City-State-Zip: ALACHUA FL 32615

Title D
Name DUPREE, HERBERT C
Address 1825 NW 22 TERRACE
City-State-Zip: GAINESVILLE FL 32605

Title DEACON
Name BLAKE, JOHN S JR.
Address 8300 NW 14TH COURT
City-State-Zip: MIAMI FL 33147-5228

Title DECONESS
Name KERSHAW, CATHY
Address 715 SOUTH BEACH ST
UNIT D105
City-State-Zip: DAYTONA BEACH, FL FL 32114

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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: SHERRY DUPREE

MANAGER

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DEACONESS
Name DURKIN, EVELYN
Address 9 COMMODORE PL
City-State-Zip: PALM BEACH GARDEN FL 33418