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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 727826

1. Corporation Name
ROTONDA WEST COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
501 ROTONDA BLVD. WEST ROTONDA WEST FL 33947	501 ROTONDA BLVD. WEST ROTONDA WEST FL 33947

2. Principal Place of Business (21) —
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 10/22/1973
4. FEI Number: 23-7426110 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWER, JOE
19 SPORTSMAN RD
ROTONDA WEST FL 33947

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWER, JOE		1.2 NAME	
STREET ADDRESS	19 SPORTSMAN RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL		1.4 CITY-ST-ZIP	
TITLE	FD S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DORIE LEE DORIS		2.2 NAME	
STREET ADDRESS	575 CIRCLEWOOD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRAVER, PAUL		3.2 NAME	
STREET ADDRESS	6321 LORI FERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, DONNA		4.2 NAME	
STREET ADDRESS	6773 GASPRILLA PINES BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, HELEN R		5.2 NAME	
STREET ADDRESS	218 ANNAPOLIS		5.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: Helen Gordon HELEN R. GORDON 1-4-99 941-697-3879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #