

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727826

1. Entity Name

ROTONDA WEST COMMUNITY CHURCH, INC.

Principal Place of Business

501 ROTONDA BLVD. WEST
ROTONDA WEST FL 33947

Mailing Address

501 ROTONDA BLVD. WEST
ROTONDA WEST FL 33947-2506

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BROWER, JOE
19 SPORTSMAN RD
ROTONDA WEST FL 33947

7. Name and Address of New Registered Agent

Name Joseph Polak

Street Address (P.O. Box Number is Not Acceptable)
7059 Nichols St.

City Englewood

FL

Zip Code 34224

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Joseph Polak-Chairman

1-20-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	BROWER, JOE	
STREET ADDRESS	19 SPORTSMAN RD	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	FDS	☐ Delete
NAME	LEE, DORIS	
STREET ADDRESS	575 CIRCLEWOOD DR	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	☐ Delete
NAME	HOWARD, DONNA	
STREET ADDRESS	6773 GASPRILLA PINES BLVD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	TD	☐ Delete
NAME	GORDON, HELEN R	
STREET ADDRESS	218 ANNAPOLIS	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	President	☐ Delete
NAME	POLAK, JOSEPH	
STREET ADDRESS	7059 Nichols St.	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Helen R. Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000 941-697-3879

Date

Daytime Phone # 3879



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90015 015 ****61.25