2005 NOT-FOR-PROFIT CORPORATION

Apr 22, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #727826** 04-22-2005 90274 028 ****61.25 ROTÓNDA WEST COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 20041473 501 ROTONDA BLVD. WEST 501 ROTONDA BLVD. WEST ROTONDA WEST, FL 33947 ROTONDA WEST, FL 33947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 CR2E037 (10/03) 4. FEI Number 23-7426110 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VANEK, JOE=CEO 9141 MOSS DRIVE Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD, FL 34224 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. COBD TITLE Delete TITLE ☐ Change ☐ Addition NAME VANEK, JOE 9141 MOSS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34224 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HOWARD, DONNA NAME STREET ADDRESS 6773 GASPRILLA PINES BLVD STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition GORDON, HELEN R NAME NAME 218 ANNAPOLIS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROTONDA WEST, FL 33947 CITY_ST_ZIP_ FIND TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROOKE, ROBERT NAME STREET ADDRESS **68 BROADMOOR LANE** STREET ADDRESS CITY-ST-ZIP ROTONDA WEST, FL 33947 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

Change

☐ Addition