

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90016 026 ****70.00

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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 23-7426110	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANEK, JOE CEO 9141 MOSS DRIVE ENGLEWOOD FL 34224			7. Name and Address of New Registered Agent Name WILLIAM MCCRARY Street Address (P.O. Box Number is Not Acceptable) 56 FAIRWAY ROAD City ROTONDA WEST FL Zip Code 33947		
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.				DATE 3-13-07 (NOTE: Registered Agent signature required when reinstating.)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD VANEK, JOE 9141 MOSS DRIVE ENGLEWOOD FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILLIAM MCCRARY 56 FAIRWAY ROAD ROTONDA WEST, FL 33947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, DONNA 6773 GASPRILLA PINES BLVD ENGLEWOOD FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHANN FRUTH 100 MEDALIST ROAD ROTONDA WEST, FL 33947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, HELEN R 218 ANNAPOLIS ROTONDA WEST FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEATRICE M. POLAK 7059 NICHOLS STREET ENGLEWOOD, FL 34224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIND BROOKE, ROBERT 68 BROADMOOR LANE ROTONDA WEST FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: WILLIAM MCCRARY					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 3-13-07 DAYTIME PHONE # 941-698-1210		