

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005878 (1)**  
1. Corporation Name  
**GREATER ROTONDA ORGANIZATION, INC.**

Principal Place of Business <b>3754 CAPE HAZE DRIVE ROTONDA WEST FL</b>	Mailing Address <b>3754 CAPE HAZE DRIVE ROTONDA WEST FL 33947-2312</b>
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2. Principal Place of Business [Redacted]	2a. Mailing Address [Redacted]
22. Suite, Apt. #, etc. [Redacted]	27. Suite, Apt. #, etc. [Redacted]
23. City & State [Redacted]	28. City & State [Redacted]
24. Zip [Redacted]	29. Zip [Redacted]
25. Country [Redacted]	30. Country [Redacted]

3. Date Incorporated or Qualified <b>11/15/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-2768554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**RUSSELL, W. KEVIN  
18501 MURDOCK CIRCLE  
SIXTH FLOOR  
PORT CHARLOTTE FL FL**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WARNER, FRED D</b>
STREET ADDRESS	<b>125 BUNKER ROAD</b>
CITY-ST-ZIP	<b>ROTONDA WEST FL 33947</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COY, WILLARD A</b>
STREET ADDRESS	<b>244 MARK TWAIN LANE</b>
CITY-ST-ZIP	<b>ROTONOA WEST FL 33947</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOLMAN, MARJORIE A</b>
STREET ADDRESS	<b>4005 CAPE HAZE DRIVE</b>
CITY-ST-ZIP	<b>ROTONDA WEST FL 33946</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Margaret M. [Redacted]* 7/16/97 (94) 197-1200

CR2E037 (9/96)