


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005878

1. Entity Name
GREATER ROTONDA ORGANIZATION, INC.



Principal Place of Business 244 MARK TWAIN LANE ROTONDA WEST, FL 33947 US	Mailing Address 244 MARK TWAIN LANE ROTONDA WEST, FL 33947 US
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04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	NAME WARNER, FRED D
STREET ADDRESS 125 BUNKER ROAD	CITY-ST-ZIP ROTONDA WEST, FL 33947
TITLE D	NAME COY, WILLARD A
STREET ADDRESS 244 MARK TWAIN LANE	CITY-ST-ZIP ROTONOA WEST, FL 33947
TITLE D	NAME LEACH, KEN
STREET ADDRESS 288 INNOPOLIS LANE	CITY-ST-ZIP ROTONDA WEST, FL 33947
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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 04/28/06-80003-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Willard A Coy D.D. WILLARD A COY D.F.F.D. 4/10/06 941-697-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #