


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90014 020 ****70.00

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|---|--|--|---|--|--|
| DOCUMENT # 741343 1. Entity Name ROLLING HILLS COMMUNITY CHURCH OF ZELLWOOD, INC. | | | |  | |
| Principal Place of Business 4407 RT. 441 ORANGE BLOSSOM TRAIL P.O. BOX 250 ZELLWOOD, FL 32798 US | | | Mailing Address 4407 RT. 441 ORANGE BLOSSOM TRAIL P.O. BOX 250 ZELLWOOD, FL 32798 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1890595 | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DAVIS, DICK 3772 S CITRUS CIR ZELLWOOD, FL 32798 | | | Name Lionel Rogers Street Address (P.O. Box Number is Not Acceptable) 580 Caledonia Place City Sanford FL Zip Code 32771 | | |
| 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 <u><i>Thomas L. Rogers</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small> | | | DATE <u>1/28/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P VANDER KOLK, BRUCE J REV 223 E THIRD AVE MOUNT DORA, FL 327577041 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Betty Swinehart 2430 Fairbluff Rd Zellwood, FL 32798 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIFFIN, CYNTHIA 452 BAYTREE BLVD TAVARES, FL 327785600 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP VERKAIK, JOHN 302 S CENTER ST EUSTIS, FL 327264106 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S AHLSTROM, RUTH 2009 CANOPY CIR ZELLWOOD, FL 327989605 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIMES, BONNIE 5813 LULLABY LANE ORLANDO, FL 328103113 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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: <u><i>Thomas L. Rogers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE <u>1/28/06</u> DAYTIME PHONE # <u>(407) 474-5850</u> | | |