


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90025 016 \*\*\*\*70.00

<b>DOCUMENT # 741343</b> 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROGERS, LIONEL 580 CALEDONIA PL SANFORD, FL 32771				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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: <u>Lionel Rogers, Treasure</u> <span style="float: right;">2/13/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P <input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VANDER KOLK, BRUCE J REV		NAME	Wilson, Allen	
STREET ADDRESS	223 E THIRD AVE		STREET ADDRESS	757 White Ivey Ct.	
CITY-ST-ZIP	MOUNT DORA, FL 327577041		CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIFFIN, CYNTHIA		NAME	Ambrose, Larry	
STREET ADDRESS	452 BAYTREE BLVD		STREET ADDRESS	5315 Aberdeen Road	
CITY-ST-ZIP	TAVARES, FL 327785600		CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMILLAN, EDWARD		NAME		
STREET ADDRESS	1598 SKYE CT		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, LOTTIE		NAME		
STREET ADDRESS	11 E 1ST ST		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWINEHART, BETTY		NAME		
STREET ADDRESS	2430 FAIRBLUFF RD		STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD, FL 32798		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>[Signature]</u> <span style="float: right;">2/13/08 (407) 474-5850</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					