

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2009 MAY 22 A 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162009 Chg-NP CR2E037 (11/08)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1890595 Applied For <input type="checkbox"/> Not Applicable	
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		
ROGERS, LIONEL 580 CALEDONIA PL SANFORD, FL 32771			Name Byron Smith Street Address (P.O. Box Number is Not Acceptable) 336 Lake Doe Blvd. City Apopka FL 32703		
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 <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			DATE 03/01/09		
Filing Fee is \$81.25 Due by May 1, 2009		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300156309188 05/22/09--01009--026 **70.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC AMBROSE, LARRY 5315 ABERDEEN RD APOPKA, FL 32712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SMITH, LOTTIE 11 E 1ST ST APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Debbi Krise 2544 Dove tail Dr ocnee, FL 34761	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SWINEHART, BETTY 2430 FAIRBLUFF RD ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP WILSON, ALLEN 757 WHITE IVEY CT MELBOURNE, FL 32912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/1/09 Daytime Phone # 407 247 8872		