

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04691

FILED  
Mar 29, 2006  
Secretary of State

Entity Name: VILLAS WESLEYAN CHURCH, INC.

## Current Principal Place of Business:

C/O JOHN M ROTT  
8400 BEACON BLVD.  
FT. MYERS, FL 33907

## New Principal Place of Business:

## Current Mailing Address:

C/O JOHN M ROTT  
8400 BEACON BLVD.  
FT. MYERS, FL 33907

## New Mailing Address:

FEI Number: 59-1901803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROTT, JOHN M  
8400 BEACON BLVD..  
FT. MYERS, FL 33907 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROTT, JOHN M  
Address: 8400 BEACON BLVD.  
City-St-Zip: FORT MYERS, FL 33907

Title: SD ( ) Delete  
Name: DESOUZA, ANJI  
Address: 203 HENRY AVE.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete  
Name: CAMPBELL, JOHN  
Address: 26390 SHERWOOD LN  
City-St-Zip: BONITA SPRINGS, FL 34195

Title: D ( ) Delete  
Name: BOSWELL, DAVID  
Address: 1458 PINEY RD  
City-St-Zip: N FT MYERS, FL 33903

Title: D ( ) Delete  
Name: NALLON, GRACIE  
Address: 1953 CORAL POINT DR  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: JACKSON, JERRY  
Address: 2160 TREEHAVEN CIR.  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: COCKREL, TERESA  
Address: 1211 SE 15TH TERRACE.  
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Change ( ) Addition  
Name: HILL, TONY  
Address: 403 NE 20TH ST.  
City-St-Zip: CAPE CORAL, FL 33909

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. ROTT

PD

03/29/2006

Electronic Signature of Signing Officer or Director

Date