

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90204 013 ****61.25

0051464

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N96000005878**

1. Corporation Name

GREATER ROTONDA ORGANIZATION, INC.

Principal Place of Business

4005 CAPE HAZE DR
 ROTONDA WEST FL 33947
 US

Mailing Address

4005 CAPE HAZE DR
 ROTONDA WEST FL
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

11/15/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2768554

Applied For
 Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE

NAME **WARNER, FRED D**
 STREET ADDRESS **125 BUNKER ROAD**
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

1.1 TITLE Change Addition

TITLE **D** DELETE

NAME **COY, WILLARD A**
 STREET ADDRESS **244 MARK TWAIN LANE**
 CITY-ST-ZIP **ROTONOA WEST FL 33947**

2.1 TITLE Change Addition

TITLE **D** DELETE

NAME **HOLMAN, MARJORIE A**
 STREET ADDRESS **4005 CAPE HAZE DRIVE**
 CITY-ST-ZIP **ROTONDA WEST FL 33946**

3.1 TITLE Change Addition

TITLE **S** DELETE

NAME **REYNOLDS, ELIZABETH**
 STREET ADDRESS **580 ROTONDA BLVD W**
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

4.1 TITLE Change Addition

TITLE **D** DELETE

NAME **RILEY, BARB**
 STREET ADDRESS **3754 CAPE HAZE DRIVE**
 CITY-ST-ZIP **ROTONDA WEST FL**

5.1 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 841-687-1300
 Date Daytime Phone #

CR2E037 (1/98)