


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005878**

1. Entity Name  
**GREATER ROTONDA ORGANIZATION, INC.**



Principal Place of Business      Mailing Address

244 MARK TWAIN LANE      244 MARK TWAIN LANE  
 ROTONDA WEST, FL 33947 US      ROTONDA WEST, FL 33947 US



04102006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARNER, FRED D
STREET ADDRESS	125 BUNKER ROAD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	D
NAME	COY, WILLARD A
STREET ADDRESS	244 MARK TWAIN LANE
CITY-ST-ZIP	ROTONOA WEST, FL 33947
TITLE	D
NAME	LEACH, KEN
STREET ADDRESS	288 INNOPOLIS LANE
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000508370  
 04/28/06-80003-002 61.25

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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: Willard A Coy D.D., Willard A Coy D.F.F.D.      Date: 4/10/06      Daytime Phone #: 941-697-6208