



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90040 010 ****61.25

DOCUMENT # 708082					
1. Entity Name FIRST BROTHERS CHURCH OF SARASOTA, FLORIDA, INC.					
Principal Place of Business 150 NORTH SHADE AVE SARASOTA, FL 34237		Mailing Address 150 NORTH SHADE AVE SARASOTA, FL 34237			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01062004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-0999716	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JOE 3885 N CRANBERRY BLVD NORTH PORT, FL 34287			7. Name and Address of New Registered Agent		
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.			Name		
SIGNATURE			Street Address (P.O. Box Number is Not Acceptable)		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			City		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WELLER, GARY			NAME	
STREET ADDRESS	2539 HUNTINGTON AVENUE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP	
TITLE	VD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SHOWALTER, GRANT			NAME	
STREET ADDRESS	908 POMELO AVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP	
TITLE	TD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SHOWALTER, JENNIFER			NAME	
STREET ADDRESS	908 POMELO			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 exemption stated in Section 119.07(3)(i), 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: <i>Gary Weller</i>		Gary Weller		1-9-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		(941) 921-3170	
				Daytime Phone	

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