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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716259** (7)

1. Corporation Name

SARA BAY BAPTIST CHURCH, INC.

Principal Place of Business

**415 67TH AVENUE, WEST
BRADENTON FL 34207**

Mailing Address

**415 67TH AVENUE, WEST
BRADENTON FL 34207-6052**



3. Date Incorporated or Qualified
03/26/1969

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number
23-7062117

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WILLIAMS, TEDD
1115 MANATEE AVE., WEST #250
BRADENTON FL 33506**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE
NAME **ROSS, WILLIAM**
STREET ADDRESS **6616 3RD ST. CT. W.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ DELETE
NAME **HUFFMAN, WILLIAM**
STREET ADDRESS **7300 ARCTURAS DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **T** ☒ DELETE
NAME **PERKINS, DONALD**
STREET ADDRESS **3584 GLEBE FARM ROAD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **T** ☐ DELETE
NAME **WEAVER, DONALD**
STREET ADDRESS **116-57TH AVE E**
CITY-ST-ZIP **BRADENTON FL**

TITLE **S** ☐ DELETE
NAME **GRAINGER, JAMES**
STREET ADDRESS **4913-32ND ST E**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Ross 4-22-97 941-756-5200

Date

Daytime Phone # 0081764

CR2E037 (9/96)