

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717071 (5)
1. Corporation Name
THE FAITH BAPTIST CHURCH OF SARASOTA, FLORIDA, I
NC.



Principal Place of Business Mailing Address
6901 BEE RIDGE RD. 6901 BEE RIDGE RD.
SARASOTA FL 34241 SARASOTA FL 34241

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1969		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-1273743		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

JENNINGS, BOB
6578 TAEDA DRIVE
SARASOTA FL 34241

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 617.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MARK	1.2 NAME	
STREET ADDRESS	5799 SEVEN OAKS DR.	1.3 STREET ADDRESS	5752 New York Ave.
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	Sarasota, FL 34231
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGLER, LEE	2.2 NAME	
STREET ADDRESS	2247 LINWOOD DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000 FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, XAVIER	3.2 NAME	
STREET ADDRESS	2852 JAMAICA ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA 00000 FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, RANDY	4.2 NAME	
STREET ADDRESS	2750 MALL DR. #127C	4.3 STREET ADDRESS	3208 33rd St. W.
CITY - ST - ZIP	SARASOTA, FL 00000	4.4 CITY - ST - ZIP	Bradenton, FL 34208
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, BOB	5.2 NAME	
STREET ADDRESS	6578 TAEDA DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YODER, NOAH	6.2 NAME	
STREET ADDRESS	3309 DUNBAR DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert Jennings
Signature and typed or printed name of signing officer or director

Bob Jennings, Chairman/Director

941-927-0453

Date

Daytime Phone #

CR2E037 (12/95)