

FILE NOW: FILING FEE IS \$61.25

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Mar 13 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 # **717071** (5)

1. Corporation Name

THE FAITH BAPTIST CHURCH OF SARASOTA, FLORIDA, INC.

Principal Place of Business

Mailing Address

**6901 BEE RIDGE RD.
SARASOTA FL 34241**

**6901 BEE RIDGE RD.
SARASOTA FL 34241-5754**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1969	3a. Date of Last Report 02/27/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1273743	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. 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

10. Name and Address of New Registered Agent

**JENNINGS, BOB
6578 TAEDA DRIVE
SARASOTA FL 34241**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 617.0502, Florida Statutes.

SIGNATURE *Robert A. Jennings* DATE **3-10-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, MARK	1.2 NAME	Michael Orwasky
STREET ADDRESS	5752 NEW YORK AVENUE	1.3 STREET ADDRESS	6412 Easy Goer Ct.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34240
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGLER, LEE	2.2 NAME	Kevin Stone
STREET ADDRESS	2247 LINWOOD DR.	2.3 STREET ADDRESS	718 Ponder Ave.
CITY-ST-ZIP	SARASOTA, FL 00000 FL	2.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, XAVIER	3.2 NAME	Blayde Stone
STREET ADDRESS	2852 JAMAICA ST.	3.3 STREET ADDRESS	15470 Fruitville Rd.
CITY-ST-ZIP	SARASOTA 00000 FL	3.4 CITY-ST-ZIP	Sarasota, FL 34240
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, RANDY	4.2 NAME	Tom Farrington
STREET ADDRESS	3208 33RD STREET WEST	4.3 STREET ADDRESS	5323 Shade Ave.
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	TC <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	T <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 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: *Robert A. Jennings* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Robert A. Jennings, Chairman** DATE **3-10-97** DAYTIME PHONE # **0063636**

CR2E037 (9/96)