

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
 03-22-2000 90047 047 \*\*\*\*61.25

**DOCUMENT # 717071**

1. Entity Name

**THE FAITH BAPTIST CHURCH OF SARASOTA, FLORIDA, I**

Principal Place of Business

6901 BEE RIDGE RD.  
 SARASOTA FL 34241

Mailing Address

6901 BEE RIDGE RD.  
 SARASOTA FLA 34241-5754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1273743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

*Robert L. Jennings*

**3-16-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete  
 NAME **STRAWAER, BILL**  
 STREET ADDRESS **3417 49TH ST W**  
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **GETTLE, JOHN**  
 STREET ADDRESS **4037 SOUTHERN MANOR CT**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2361 Appaloosa Circle**  
 CITY-ST-ZIP **Sarasota, Fl. 34240**

TITLE **TR** ☐ Delete  
 NAME **WEBORG, GENE**  
 STREET ADDRESS **6271 AVENTURA DR**  
 CITY-ST-ZIP **SARASOTA 00000 FL 34241**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TR** ☐ Delete  
 NAME **ROSS, AL**  
 STREET ADDRESS **6447 FRIENDSHIP LN**  
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TR** ☒ Delete  
 NAME **STONE, BLAYDE**  
 STREET ADDRESS **15470 FRUITVILLE RD**  
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Change ☒ Addition  
 NAME **Trustee**  
 STREET ADDRESS **Joe Staebell**  
 CITY-ST-ZIP **445 Berry Drive**  
**Sarasota, Fl. 34239**

TITLE **TR** ☒ Delete  
 NAME **FARRINGTON, TOM**  
 STREET ADDRESS **5323 N SHADE AVE**  
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Change ☒ Addition  
 NAME **Trustee**  
 STREET ADDRESS **Paul Werner**  
 CITY-ST-ZIP **5330 Thorndon Circle**  
**University Park, FL 34201**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Florida Statutes, 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:

*Robert L. Jennings*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bob Jennings**

**3-16-00**

Date

**941-371-3071**

Daytime Phone #

CR2E037 (9/99)