

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # 759891**

1. Entity Name  
**SARASOTA MENNONITE CHURCH, INC.**



Principal Place of Business  
**1010 COBURN ROAD  
SARASOTA, FL 34240**

Mailing Address  
**KEN YODER  
5317 FRUITVILLE DR. #163  
SARASOTA, FL 34232 US**



04172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2123448**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**YODER, KENNETH L.  
5622 ANTOINETTE STREET  
SARASOTA, FL 34232**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000937978  
05/27/08-80072-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GRABER, BEN
STREET ADDRESS	320 SINCLAIR DR.
CITY-STATE-ZIP	SARASOTA, FL 34200
TITLE	PD
NAME	YODER, KENNETH L
STREET ADDRESS	5622 ANTIONETTE ST
CITY-STATE-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Kenneth L. Yoder  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/08 941-915-4783  
Date Daytime Phone #