

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 # 766005 (3)
1. Corporation Name
NORTHMINSTER PRESBYTERIAN CHURCH OF SARASOTA, FL ORIDA, INC.



Principal Place of Business Mailing Address
3131 61ST ST SARASOTA FL 34243 **3131 61ST ST SARASOTA FL 34243**

3. Date Incorporated or Qualified **12/06/1982** 3a. Date of Last Report **03/06/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1282307	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

SAGERS, ANDREY
4724 COUNTRY OAKS BLVD
SARSOTA FL 34243

10. Name and Address of New Registered Agent

81	Name	Sagers, Audrey
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	State	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 *Audrey Sagers*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MULLEN, BARBARA H	1.2 NAME	HOLLOWAY, SAM
STREET ADDRESS	6909 COUNTRY LAKES CIRCLE	1.3 STREET ADDRESS	5108 Canterbury Drive
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	D	2.1 TITLE	VD
NAME	HOLLOWAY, SAM	2.2 NAME	SEITZ, JEAN
STREET ADDRESS	5108 CANTERBURY DR	2.3 STREET ADDRESS	7193 West Country Club Drive #240
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	T	3.1 TITLE	TD
NAME	HUTTON, CHARLES	3.2 NAME	Van Nostrand, William
STREET ADDRESS	3630 BONAVENTURE COURT	3.3 STREET ADDRESS	229 Gaines Avenue
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	SD	4.1 TITLE	
NAME	SAGERS, ANDREY	4.2 NAME	
STREET ADDRESS	4724 COUNTRY OAKS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Audrey Sagers* **Audrey Sagers**

1/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)