


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90116 009 ****61.25

008286

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 766005

1. Corporation Name
NORTHMINSTER PRESBYTERIAN CHURCH OF SARASOTA, FLORIDA, INC.

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/06/1982	4. FEI Number 59-1282307 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---	--	--	---

9. Name and Address of Current Registered Agent COTNER, ROY 5044 INVERNESS DRIVE SARASOTA FL 34243	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LARSON, GEORGE	1.1 TITLE PD	LEPPERSON, TOM
STREET ADDRESS 4418 MURFIELD DRIVE, E	CITY-ST-ZIP BRADENTON FL 34203	1.2 NAME	1.3 STREET ADDRESS 1409 TURNER GAP ROAD
		1.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE VD	NAME PUSZTAL, MARY	2.1 TITLE VD	MITCHELL, PAUL
STREET ADDRESS 2529 RUSTIC OAK COURT	CITY-ST-ZIP SARASOTA FL 34232	2.2 NAME	5121 ISLAND DATE ST.
		2.3 STREET ADDRESS	SARASOTA, FL 34232
		2.4 CITY-ST-ZIP	
TITLE TD	NAME COTNER, ROY	3.1 TITLE	
STREET ADDRESS 5044 INVERNESS DRIVE	CITY-ST-ZIP SARASOTA FL 34243	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE SD	NAME PINSON, CAROLINE	4.1 TITLE	
STREET ADDRESS 2151 59TH STREET	CITY-ST-ZIP SARASOTA FL 34243	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Roy Cotner DATE: 4/20/99 DAYTIME PHONE #: 355-4729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)