


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 766005

1. Entity 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
---	---



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1282307	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFFERSON, TOM
 6409 TURNERS GAP
 BRADENTON, FL 34203

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIBBETS, JACK 6103 CLUBSIDE DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEFFERSON, TOM 6909 COUNTRY LAKES CIRCLE BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRBY, SALLY 5030 80TH AVE PLAZA E SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000583610
 01/12/07-80004-002 70.00

DO NOT WRITE 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: Thomas V. Lefferson **THOMAS V. LEFFERSON** 1-7-07 941 355 4729
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #