


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90076 034 \*\*\*\*\*70.00

<b>DOCUMENT # N31414</b> 1. Entity Name <b>CHURCH OF CHRIST OF SARABAY, INC.</b>	
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Principal Place of Business <b>C/O LAYON F. ROBINSON, II 442 OLD MAIN STREET BRADENTON, FL 34205-7821</b>	Mailing Address <b>C/O LAYON F. ROBINSON, II 442 OLD MAIN STREET BRADENTON, FL 34205-7821</b>
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**44034867**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03072004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0226348**

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	
<b>ROBINSON, LAYON F. II 442 OLD MAIN STREET BRADENTON, FL 34205</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> 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. 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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAUGHN, STEPHEN 4642 ORLANDO CIRCLE BRADENTON, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Wayne Powell 3904 2nd Drive N.E Bradenton, Florida 34208</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WASHINGTON, TOM 3039 46TH AVE E BRADENTON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALL, BARRY 5415 8TH ST CT W #8 BRADENTON, FL 34207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WOODIE, RAYMOND 1008 31ST STREET EAST PALMETTO, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LEAKS, SHERRY 1104 72ND STREET W RUBONIA, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOODIE, ROBERT 2405 1ST AVE E PALMETTO, FL 34221</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:** *SHERRY Ann Leaks*  
*Sherry Ann Leaks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **4/20/04** Daytime Phone # **941-224-9267**