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Feb 04 1998 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713430** (7)

1. Corporation Name

**SARASOTA CHURCH OF CHRIST, INC.**

Principal Place of Business

Mailing Address

**5601 SOUTH TAMiami TRAIL  
SARASOTA FL 34231**

**5601 SOUTH TAMiami TRAIL  
SARASOTA FL 34231**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

**P.O. Box 19825**

**SARASOTA, FL**

**34276-2825 America**

3. Date Incorporated or Qualified

**10/06/1967**

4. FEI Number

**59-2465673**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**CLARKE, HAROLD T  
8263 CYPRESS HOLLOW DR  
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

81 Name

**Bruce A. Cook**

82 Street Address (P.O. Box Number is Not Acceptable)

**9201 PALMER Blvd.**

83

84 City

**SARASOTA**

FL

85 Zip Code

**34240**

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

**Bruce A. Cook**

(NOTE: Registered Agent signature required when reinstating)

**01/26/98**

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	TORREY, ELWOOD L.
STREET ADDRESS	2220 STICKNEY PT ROAD, APT 543
CITY-ST-ZIP	SARASOTA FL
TITLE	PD
NAME	HIPP, KENNETH O. JR.
STREET ADDRESS	1706 MEADOWOOD
CITY-ST-ZIP	SARASOTA FL
TITLE	STD
NAME	CLARKE, HAROLD T
STREET ADDRESS	8263 CYPRESS HOLLOW DR
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	David Park
STREET ADDRESS	6623 Bluewater Ave.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	Tom Stilber
STREET ADDRESS	6535 Waterford Cir.
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>STD</b>
3.3 STREET ADDRESS	<b>Bruce A. Cook</b>
3.4 CITY-ST-ZIP	<b>9201 PALMER Blvd.</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>David Park</b>
4.4 CITY-ST-ZIP	<b>6623 Bluewater Ave.</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>Tom Stilber</b>
5.4 CITY-ST-ZIP	<b>6535 Waterford Cir.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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.

SIGNATURE: **Kenneth O. Hipp** REQUIRED

**1/23/98**

**PR-8010**

CR2E037 (10/97)