

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 **DOCUMENT # 720523**

1. Corporation Name

## SAWYER ROAD BAPTIST CHURCH SARASOTA, FLORIDA, IN

Principal Place of Business 5055 SAWYER ROAD SARASOTA FL 34233

Mailing Address

5055 SAWYER ROAD SARASOTA FL 34233

## Apr 15, 1999 8:00 am § Secretary of State

04-15-1999 90093 029 \*\*\*\*61.25



2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21		26			03/16/1971		
	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	App	lied For
22		27			59-6531139	Not	Applicable
City & State	City & State City & State				5. Certificate of Status Desired	sired	
Zip	Country Zip Co				6. Election Campaign Financing	\$5.00	May Be
	25 29 30			Trust Fund Contribution Added to Fee		•	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name			į
VALUE BARERT W					(D.O. D. Aliente in New Assessments)		
YOUNG, ROBERT W.				82 Street Address (P.O. Box Number is Not Acceptable)			
5045 SAWYER ROAD							
SARASOTA FL 33583							
				City	_	EL 85 Zip C	
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 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 DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	YOUNG, ROBERT W PASTOR		1.2 NAME				
STREET ADDRESS	5045 SAWYER ROAD		1.3 STREE	TADORESS			
CITY-ST-ZIP	SARASOTA, FL 00000		1.4 CITY-S	T-ZIP			ļ
TITLE	TD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	HURLEY, JERRY C	<del></del>	2.2 NAME				ļ
			i	T ADDRESS			•
STREET ADDRESS							
CITY-ST-ZIP			2. 4 CITY-5 3.1 TITLE	51-21		Change	Addition
TITLE			3.2 NAME		* * * * * * * * * * * * * * * * * * *		_
NAME	HURLEY, JOAN K.						
STREET ADDRESS	6105 47TH AVE E			TADDRESS			1
CITY-ST-ZIP	510 (5) (1) (1)		3.4. CITY-5	ST-ZIP		☐ Change	Addition
TITLE	,	☐ DELETE	4.1 TITLE				
NAME			4. 2 NAME				
STREET ADDRESS	•		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	iT-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE	Ì		☐ Change	L ADDITION
NAME		·	5.2 NAME				1
STREET ADDRESS		,		T ADDRESS			ĺ
CITY-ST-ZIP			5.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	ļ		Change	☐ Addition
NAME	,		6.2 NAME				
STREET ADDRESS		·	6.3 STREE	T ADDRESS			[
CITY-ST-ZIP			6.4 CITY-S	IT-ZIP			]
44	and the information augustical with	this files does not qualify for th	o avama	ion stated in Sc	ection 119 07(3\(i) Florida Statutes I further	certify that the in	formation

• Thereby certify that the information supplied with this niling does not quality 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 2-bifficer of 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 3-block 12 or Block 13 if chapter on an attachment with an address, with all other like empowered.