


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90019 047 ****61.25

DOCUMENT # 717071			
1. Entity Name THE FAITH BAPTIST CHURCH OF SARASOTA, FLORIDA, INC.			
Principal Place of Business 6901 BEE RIDGE RD. SARASOTA FL 34241		Mailing Address 6901 BEE RIDGE RD. SARASOTA FL 34241	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

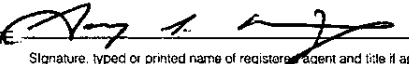


MOORE CR2E037 (11/03)

4. FEI Number 59-1273743		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KANDEFER, KENNETH 4967 HARRIS AVENUE SARASOTA FL 34233		7. Name and Address of New Registered Agent Name Downing, Gary Street Address (P.O. Box Number is Not Acceptable) 205 113Th Street E. City Bradenton, FL Zip Code 34202	
--	--	---	--

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  DATE **4/5/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, ELTON 5672 BRONX AVENUE SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Ross, Al 6447 Friendship Drive Sarasota, Florida 34235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWENS, ED 2864 INDIAN WOOD DR SARASOTA FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Downing, Gary 205 113Th Street E. Bradenton, Florida 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORN, CHRIS 7310 DEER CROSSING CT SARASOTA FL 34240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Tarr, Ed 7663 Heathfield Ct. University Park, Florida 34201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KANDEFER, KENNETH 4967 HARRIS AVENUE SARASOTA FL 34233 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Staebell, Joe 445 Berry Drive Sarasota, Florida 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARDS, ED 4783 PARNELL DR. SARASOTA FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Domrzalski, Ed 62 Horton Circle Sarasota, Florida 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Blackstone, Bill 1844 Wisteria Street Sarasota, Florida 34239 <input type="checkbox"/> Change <input checked="" 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:  DATE **4/5/04** DAYTIME PHONE # **941-371-3071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR