

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00211

FILED
Apr 08, 2019
Secretary of State
6574101697CC

Entity Name: SARASOTA CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

5415 BAHIA VISTA STREET
SARASOTA, FL 34232-3009

Current Mailing Address:

5415 BAHIA VISTA STREET
SARASOTA, FL 34232-3009

FEI Number: 59-0931269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YODER, NANCY B
3957 LEMONWOOD DR
SARASOTA, FL 34232 US

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.

SIGNATURE: NANCY B. YODER

04/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VC	Title	CHAIRMAN
Name	MILLER, DARRIN	Name	YODER, NANCY
Address	1209 CORNISH COURT	Address	3957 LEMONWOOD DR
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34232
Title	DIRECTOR	Title	DIRECTOR
Name	SOMMERS, CHERYL	Name	STUTZMAN, JULIE
Address	5617 SAWGRASS ROAD	Address	7035 HAWINS DRIVE
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34241
Title	DIRECTOR	Title	TREASURER
Name	SOMMERS, VERNON	Name	HELMUTH, MITCH
Address	5065 BAHIA VISTA ST	Address	5773 BRITANNIA DRIVE
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	SARASOTA FL 34231-4913
Title	DIRECTOR	Title	SECRETARY
Name	WAGLER, ANDREA	Name	HELMUTH, GARY
Address	8350 BOLEYN RD	Address	6318 CANARY ST
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34241

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY B. YODER

CHAIRWOMAN

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MURPHY, AILISH
Address 1640 BAYVIEW DR
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR
Name REEVES, NATE
Address 4844 WILD DOVE LANE
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name BROCK, DAMARYS
Address 7301 PROCTOR RD
City-State-Zip: SARASOTA FL 34241