

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 703599 (1)**

1. Corporation Name

**FIRST CHURCH OF GOD OF SARASOTA, INC.**



Principal Place of Business

Mailing Address

845 S SCHOOL AVE  
SARASOTA FL 34237-8039

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SARASOTA FL 34237-8039

3. Date Incorporated or Qualified: **02/15/1962**  
3a. Date of Last Report: **04/17/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number	Applied For
<b>59-1290953</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**COONEY, RICHARD W.**  
1605 MAIN ST #612  
SARASOTA FL 34236

**10. Name and Address of New Registered Agent**

81	Name	<b>BRYAN, JUANITA</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>3312 PINE VALLEY</b>
83		
84	City	<b>SARASOTA</b>
85	Zip Code	<b>FL 34232</b>

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 of 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: *Juanita S. Bryan* **JUANITA S. BRYAN** **4-19-96**  
Signature typed or printed name of registered agent in title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KNISPEL, DAN	
STREET ADDRESS	4642 STONERIDGE TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILHELM, ALVIN	
STREET ADDRESS	3211 E. FORREST LAKE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CURTIS, MAXINE	
STREET ADDRESS	2724 LYNN HURST ST	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CRIPPEN, EDITH	
STREET ADDRESS	327 BEACH ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOBLEY, LARRY	
STREET ADDRESS	1306 GEORGETOWNE CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	CHAUSSE, NORMAN		
1.3 STREET ADDRESS	522 MIRO CIRCLE		
1.4 CITY-ST-ZIP	NOKOMIS, FL		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	KNISPEL, DAN		
4.3 STREET ADDRESS	4642 STONERIDGE TRAIL		
4.4 CITY-ST-ZIP	SARASOTA, FL		
5.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	WILHELM, ALVIN (Acting President)		
5.3 STREET ADDRESS	3211 E. FORREST LAKE DRIVE		
5.4 CITY-ST-ZIP	SARASOTA, FL		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *E. Maxine Curtis* **E. Maxine Curtis** **4/19/96** **941-951-6**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

5-14-96