

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703599 (1)**  
1. Corporation Name  
**FIRST CHURCH OF GOD OF SARASOTA, INC.**



Principal Place of Business <b>845 S SCHOOL AVE SARASOTA FL 34237-8039</b>	Mailing Address <b>845 S SCHOOL AVE SARASOTA FL 34237-8039</b>
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3. Date Incorporated or Qualified <b>02/15/1962</b>	3a. Date of Last Report <b>05/14/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-1290953</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**

**BRYAN, JUANITA**  
**3312 PINE VALLEY**  
**SARASOTA FL 34232**

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

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 Juanita Bryan DATE 4/15/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>CHAUSSE, NORMAN</b>
STREET ADDRESS	<del>822 WBO CIR -</del> <b>3816 Glen Oaks Manor Dr</b>
CITY-ST-ZIP	<del>NOKOMIS FL</del> <b>Sarasota, FL 34232</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILHELM, ALVIN</b>
STREET ADDRESS	<b>3211 E. FORREST LAKE DRIVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>CURTIS, MAXINE</b>
STREET ADDRESS	<b>2724 LYNN HURST ST</b>
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>
TITLE	<b>ID - TS</b> <input type="checkbox"/> DELETE
NAME	<b>KNISPTEL, DAN</b>
STREET ADDRESS	<b>4642 STONERIDGE TRAIL</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILHELM, ALVIN</b>
STREET ADDRESS	<b>3211 E. FORREST LAKE DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RICHARD D. WATT</b>
1.3 STREET ADDRESS	<b>1580 SHADOW RIDGE CIRCLE</b>
1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34240</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JAY KICKLIGHTER</b>
2.3 STREET ADDRESS	<b>4200 MALDEN DRIVE</b>
2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34241</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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.

CR2E037 (9/96)