


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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  
**02/15/1962**

4. FEI Number  
**59-1290953**

Applied For	Not Applicable
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Country
25. Country	29. Zip
30. Country	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

**FL**

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 3-26-98

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

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHAUSSE, NORMAN	
STREET ADDRESS	3816 GLEN OAKS MANOR DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATT, RICHARD	
STREET ADDRESS	1580 SHADOW RIDGE CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CURTIS, MAXINE	
STREET ADDRESS	2724 LYNN HURST ST	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	KNISPEL, DAN	
STREET ADDRESS	4642 STONERIDGE TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KICKLIGHTER, JAY	
STREET ADDRESS	4200 MALDEN DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TD
1.3 STREET ADDRESS	Frank Robb
1.4 CITY-ST-ZIP	760 Rellim Ln Sarasota FL 34239
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	Christie, Maxine S
3.4 CITY-ST-ZIP	3207 Vinson Ave Sarasota, FL 34232
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Mullen, Patrick
5.4 CITY-ST-ZIP	3912 Salem Sarasota, FL 34232
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 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.

SIGNATURE Maxine S Christie 3-26-98 941-951-6808

CP2E037 (10/97)