

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0076326

**DOCUMENT # 703599**

04-03-2001 90011 004 \*\*\*\*61.25

1. Entity Name

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

Principal Place of Business

Mailing Address

~~845 G SCHOOL AVE~~  
~~SARASOTA FL 34237-0839~~

~~845 G SCHOOL AVE~~  
~~SARASOTA FL 34237-0839~~

8893 Fruitville Rd  
 Sarasota, FL 34240

8893 Fruitville Rd  
 Sarasota, FL 34240

2. Principal Place of Business

3. Mailing Address

above

above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1290953**

Applied For

Not Applicable

Zip

Country  
 USA

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATT, REV RICHARD**  
**1580 SHADOW RIDGE CIRCLE**  
**SARASOTA FL 34240**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Rev. Richard Watt

3-27-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>ROBB, FRANK</del>	
STREET ADDRESS	<del>760 RELLIM LN</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34239</del>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WATT, REV RICHARD	
STREET ADDRESS	1580 SHADOW RIDGE CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<del>CHRISTIE, MAXINE</del>	
STREET ADDRESS	<del>3207 VINSON AVE</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34232</del>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<del>KNISPEL, DAN</del>	
STREET ADDRESS	<del>4642 STONERIDGE TRAIL</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34232</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juanita Bryan	
STREET ADDRESS	3312 Pine Valley Dr	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori McCutcheon	
STREET ADDRESS	5510 Oak Grove Ct	
CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Skidmore	
STREET ADDRESS	215 Tyler Dr	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

Rev. Richard Watt

3-27-01

941/342-4344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)