


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90022 011 \*\*\*\*61.25

<b>DOCUMENT # 703599</b>					
1. Entity Name FIRST CHURCH OF GOD OF SARASOTA, INC.					
Principal Place of Business 8893 FRUITVILLE RD SARASOTA, FL 34240			Mailing Address 8893 FRUITVILLE RD SARASOTA, FL 34240		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNISPEL, DAN			NAME	
STREET ADDRESS	4642 STONE RIDGE TRAIL			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATT, REV RICHARD			NAME	
STREET ADDRESS	1580 SHADOW RIDGE CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34240			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, JANET			NAME	
STREET ADDRESS	2912 SALEM AVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232			CITY-ST-ZIP	
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOANE, AL			NAME	ST O'DELL, JULIA
STREET ADDRESS	7208 CASTLE DR			STREET ADDRESS	4841 BUNYAN PL
CITY-ST-ZIP	SARASOTA, FL 34240			CITY-ST-ZIP	SARASOTA, FL 34232
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <u>Rev. Richard D. Watt</u>				Date: <u>7/16/05</u> Daytime Phone #: <u>941-342-4344</u>	