
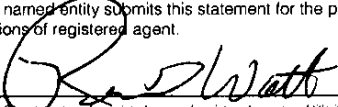
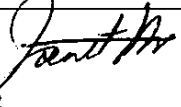



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90076 012 ****70.00

DOCUMENT # 703599					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1290953	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATT, REV RICHARD 1580 SHADOW RIDGE CIRCLE SARASOTA, FL 34240				7. Name and Address of New Registered Agent	
				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 		Richard Watt		4-5-07	
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLOTTERBACK, BRIAN		NAME	Hamel, John	
STREET ADDRESS	275 SINCLAIR DR		STREET ADDRESS	6020 Ferndell St. E,	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	Bradenton, FL 34203	
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 checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLEN, JANET 		NAME	Pilon, Ray	
STREET ADDRESS	2912 SALEM AVE		STREET ADDRESS	5746 Tristino Lane	
CITY-ST-ZIP	SARASOTA, FL 34282		CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, KAREN		NAME	Whalen, Gary	
STREET ADDRESS	6648 OLD RANCH RD		STREET ADDRESS	34244 143rd Ave. E,	
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP	Myakka City, FL 34251	
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 exemptions contained in Chapter 119, 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: 		Richard Watt		4-5-07 941-342-4344	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40062615



03282007 Chg-NP CR2E037 (12/06)