2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 707450

1. Entity Name
THE FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST OF SARASOTA, INC.

Principal Place of Business	Mailing Address
1031 SOUTH EUCLID AVENUE SARASOTA, FL 34237	1031 SOUTH EUCLID AVENUE SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0896302
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERDUE, JOAN L.
2860 RIVIERA DRIVE
SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MORRIS, NANCY
STREET ADDRESS	3929 BREEZEMONT DRIVE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VP
NAME	KUHN, JOY
STREET ADDRESS	4587 FRIAR TUCK LANE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	P
NAME	MOORE, WILLIAM
STREET ADDRESS	7826 TROON STREET
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	S
NAME	MCCALDEN, DONNA M
STREET ADDRESS	5566 MAGNOLIA TREE TERRACE
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D
NAME	MEYER, JOANN
STREET ADDRESS	5841 FAIRWOODS CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	D
NAME	SIMPSON, PAUL
STREET ADDRESS	13404 BLYTHEFIELD TERRACE
CITY-ST-ZIP	BRADENTON, FL 34202

U00000427886
02/21/06-80026-005 61.25

DO NOT WRITE IN THIS SPACE

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: Nancy Morris 2/6/06 941-953-7044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #