

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90037 004 \*\*\*\*61.25

**DOCUMENT # 707450**

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



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

Mailing Address  
**1031 SOUTH EUCLID AVENUE  
SARASOTA, FL 34237**

**60004763**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MORRIS, NANCY  
3929 BREEZEMONT DRIVE  
SARASOTA, FL 34232 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
KUHN, JOY  
4587 FRIAR TUCK LANE  
SARASOTA, FL 34232 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MOORE, WILLIAM  
7826 TROON STREET  
BRADENTON, FL 34202 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP ☒ Change ☐ Addition  
Baber, Dave  
4748 Charing Cross Road  
Sarasota, FL 34241

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MCCALDEN, DONNA M  
5566 MAGNOLIA TREE TERRACE  
SARASOTA, FL 34233 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MEYER, JOANN  
5841 FAIRWOODS CIRCLE  
SARASOTA, FL 34243 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D ☒ Change ☐ Addition  
Weiss, Roger  
7034 Whitmarsh Circle  
Bradenton, FL 34202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SIMPSON, PAUL  
13404 BLYTHEFIELD TERRACE  
BRADENTON, FL 34202 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D ☒ Change ☐ Addition  
Grubb, Patricia  
4541 Windsor Park  
Sarasota, FL 34235

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Donna M. McCalden*

2-8-07 (941) 953-7044