

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# 708082

Entity Name: FIRST BROTHERS CHURCH OF SARASOTA, FLORIDA, INC.

**Current Principal Place of Business:**

150 NORTH SHADE AVE  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

150 NORTH SHADE AVE  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 59-0999716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLOMON, CAROLYN  
11816 10 TH AVE E  
BRADENTON, FL 34212      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WELLER, GARY  
Address: 2539 HUNTINGTON AVENUE  
City-St-Zip: SARASOTA, FL 34232

Title: VD ( ) Delete  
Name: SHOWALTER, GRANT  
Address: 908 POMELO AVE  
City-St-Zip: SARASOTA, FL 34236

Title: TD ( ) Delete  
Name: SHOWALTER, JENNIFER  
Address: 908 POMELO  
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Change (X) Addition  
Name: SOLOMON, CAROLYN  
Address: 11816 10 TH AVE E  
City-St-Zip: BRADENTON, FL 34212

Title: PD ( ) Change (X) Addition  
Name: STONE, DAVID  
Address: 3161 MEYER DR  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR DAVID STONE

PD

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date