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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712707** **(9)**

1. Corporation Name
THE SARASOTA BRETHREN IN CHRIST CHURCH, INC.

Principal Place of Business	Mailing Address
4201 BAHIA VISTA STREET SARASOTA FL 34232-2425	4201 BAHIA VISTA STREET SARASOTA FL 34232-2425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1967
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1992150 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WOOMERT, LARRY L.
5745 STONE POINTE DR.
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	WOOMERT, LARRY L	12 NAME	
STREET ADDRESS	5745 STONE POINTE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	900001 4[illegible] 3[illegible] ☐ Addition
NAME	STOCKSLAGER, JOHN	22 NAME	-05/17/95--01175--022
STREET ADDRESS	72 CARLYN ESTATES	23 STREET ADDRESS	****155.00 ****155.00
CITY-ST-ZIP	PALMETTO FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	D ☒ Change ☐ Addition
NAME	REID, DOUGLAS	32 NAME	Roy Perry
STREET ADDRESS	747 N BRINK AVE	33 STREET ADDRESS	7520 memorial Dr.
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	Port Charlotte, FL 33981
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, EDWARD	42 NAME	
STREET ADDRESS	5451 BAHIA VISTA STREET	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	DS ☒ Change ☐ Addition
NAME	ENSIGN, ERNEST	52 NAME	Ernest Ensign
STREET ADDRESS	1851 PALM SPRINGS AVE.	53 STREET ADDRESS	1851 Palm Springs Ave.
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	Sarasota, FL
TITLE	DOAR	61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	J. Clair Shenk
STREET ADDRESS		63 STREET ADDRESS	5816 Camelot Dr. So.
CITY-ST-ZIP	5-1-95	64 CITY-ST-ZIP	Sarasota, FL 34233

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] LARRY L. Woomert 5/9/95 8139259933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

008388