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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

712707

(9)

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 3a. Date of Last Report 04/18/1996 3. Date Incorporated or Qualified 05/09/1967 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1992150 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes No 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name WOOMERT, LARRY L. 82 Street Address (P.O. Box Number is Not Acceptable) **5745 STONE POINTE DR.** 83 SARASOTA FL 34233 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. TITLE DELETE Change Addition 1.1 TO LE 5, comar handis NAME WOOMERT, LARRY L 1.2 NAME 4141 Paliavista Court SavasoTA, 76 34232 **5745 STONE POINTE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34233 CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition TITLE 2.1 TITLE NAME Joseph Witt 2.2 NAME 5427 COLONIAL OAKS BLVD STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE NAME PERRY, ROY 3.2 NAME 7520 MEMORIAL DR. STREET ADDRESS 3.3 STREET ADDRESS PORT CHARLOTTE FL 33981 CITY-ST-ZIP 3.4. CITY- \$1-ZIP DELETE TITLE 4.1 TITLE Change Addition ARNOLD, EDWARD NAME 4. 2 NAME 5451 BAHIA VISTA STREET STREET ADDRESS 4.3 STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE SHENK, CLAIR J NAME **5.2 NAME** 5816 CAMEBT DR. S. STREET ADDRESS 5.3 STREET ADDRESS SARASOTA FL 34233 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE

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 it 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 or an attachment with an address.

62 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.3 STREET ADDRESS

6.4 CHY-ST-ZIP