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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712707**

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 05/09/1967 4. FEI Number 59-1992150 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOOMERT, LARRY L. 5745 STONE POINTE DR. SARASOTA FL 34233	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 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 _____ 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WOOMERT, LARRY L		1.2 NAME	Terry Burns	
STREET ADDRESS	5745 STONE POINTE DRIVE		1.3 STREET ADDRESS	6753 Country Road	
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH WITT		2.2 NAME		
STREET ADDRESS	5427 COLONIAL OAKS BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, ROY		3.2 NAME		
STREET ADDRESS	7520 MEMORIAL DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33981		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LANDIS, OMAR J		4.2 NAME		
STREET ADDRESS	4141 BAHIA VISTA COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHENK, CLAIR J		5.2 NAME		
STREET ADDRESS	5816 CAMEBT DR. S.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARTHUR EARL		6.2 NAME		
STREET ADDRESS	9812 CHALET CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34202		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED LARRY L WOOMERT 2-4-99 941 925 9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #