2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712707

FILED Apr 12, 2004 Secretary of State

Entity Name: THE SARASOTA BRETHREN IN CHRIST CHURCH, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	A VISTA STRE A, FL 3423224				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	A VISTA STRE A, FL 3423224				
FEI Number	: 59-1992150	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Ci	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
5745 STO	RT, LARRY L. NE POINTE DR FA, FL 34233	US			
	named entity so e of Florida.	ıbmits this statement for the μ	ourpose of changing its register	red office or registered agent, or both,	
CLOBIATIO	¬⊏.				
SIGNATU					
SIGNATU		Signature of Registered Age		Date	
SIGNATUI OFFICER				Date GES TO OFFICERS AND DIRECTORS	
	Electroni	ORS: Delete RY L, INTE DRIVE			
OFFICER Title: Name: Nddress: City-St-Zip: Title: Name: Nddress:	Electroni S AND DIRECT P () WOOMERT, LAF 5745 STONE PO SARASOTA, FL	ORS: Delete RY L, INTE DRIVE 34233	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
OFFICER Title: Name: Address:	Electroni S AND DIRECT P () I WOOMERT, LAR 5745 STONE PC SARASOTA, FL D () I BURNS, TERRY 6753 COUNTRY SARASOTA, FL	ORS: Delete RY L, INTE DRIVE 34233 Delete RD. Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Electronic	ORS: Delete RY L, INTE DRIVE 34233 Delete RD. Delete DR S 34233 US Delete R	ADDITIONS/CHANC Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY L WOOMERT P 04/12/2004