

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 720523

1. Entity Name  
SAWYER ROAD BAPTIST CHURCH SARASOTA,  
FLORIDA, INC.



Principal Place of Business  
5055 SAWYER ROAD  
SARASOTA, FL 34233

Mailing Address  
5055 SAWYER ROAD  
SARASOTA, FL 34233

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6531139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

YOUNG, ROBERT W.  
5045 SAWYER ROAD  
SARASOTA, FL 33583

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	YOUNG, ROBERT W PASTOR
STREET ADDRESS	5045 SAWYER ROAD
CITY-ST-ZIP	SARASOTA, FL 00000,

TITLE	TD
NAME	HURLEY, JERRY C
STREET ADDRESS	6105 47TH AVE E
CITY-ST-ZIP	BRADENTON, FL

TITLE	SD
NAME	HURLEY, JOAN K.
STREET ADDRESS	6105 47TH AVE E
CITY-ST-ZIP	BRADENTON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert W. Young* ROBERT W. YOUNG 4/19/05 (941) 921-2022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone