2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #720523

1. Entity Name

SAWYER ROAD BAPTIST CHURCH SARASOTA, FLORIDA, INC.



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

5055 SAWYER ROAD SARASOTA, FL 34233 Mailing Address

5055 SAWYER ROAD SARASOTA, FL. 34233



04032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-6531139

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

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	e named entity submits this statement for the trions of registered agent	purpose of changing its registere	ed office or re	gistered agent, or bot	h, in the State of Florida. I am	familiar with, and accept
SI GN ATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS	1. S. Maria			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG, ROBERT W PASTOR 5045 SAWYER ROAD SARASOTA, FL 00000,	<u>.</u>			A TO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HURLEY, JERRY C 6105 47TH AVE E BRADENTON, FL				U00000920384 05714708780042	004-61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURLEY, JOAN K. 6105 47TH AVE E BRADENTON, FL			DO	NOT WRIT	E ****
TITLE NAME STREET ADDRESS CITY-ST-ZIP				; , IN ;	THIS SPACE	
IITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		71				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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						

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED HAME OF STEMING OF FICER OR DIRECTOR

4)19/13 941~923-6627 Dayline Phone #