2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 720523

1. Entity Name

SAWYER ROAD BAPTIST CHURCH SARASOTA, FLORIDA, IN



FILED Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90099 016 ****61.25

C.					•	OD WE IT	5						
Principal Place of Business M				Mailing Address									
5055 SAWYER ROAD SARASOTA FL 34233				5055 SAWYER ROAD SARASOTA FL 34233									
2. Principal P	lace of Busin	ness	3. Mai	ling Address									
21 Timepar rade of Eddiness			01 (110)	5. Maining / 183.333) I IZBIJIT IBDIJU EIB	}	A ITHE BLANK BERST	8 8 1 B 0	OH WINNI INDI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			Cit	City & State				4. FE! Number 50	6531139			pplied For ot Applicable]
Zip Country		Zip		Country			5. Certificate of St	atus Desired		8.75 Ac ee Require			
-	6. Name	and Address of Current	Registere	d Agent	<u> ಅಭಿಯಾಧ</u>			=7.≅Name and Add	ress of New R	legistered A	gent		1
	- A					Name							
YOUNG, ROBERT W. 5045 SAWYER ROAD						Street Add	ress (f	P.O. Box Number is N	lot Acceptable)			
SARASOT	TA FL 3358	3				City					Zip Coo	10	-
						City				FL	ZIP COC		
	named entity ions of regist	y submits this statement fo ered agent.	r the purp	ose of changing its	register	ed office or re	gister	ed agent, or both, in	the State of Flo	orida. I am fa	ımiliar with	, and accept	
	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registere	ed Agent signature r	required	when reinstating)		DATE	_		
į	FILE NOW	: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		ke Check da Departi				
10.	OFFICERS AND DIREC						1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				_ [
NAME STREET ADDRESS	5045 SAW	OBERT W PASTOR YER ROAD		☐ Delete		EET ADDRESS					☐ Change	Addition	F037 (10/02
	SARASOTA TD	A, FL 00000			-	'-ST-ZIP							
STREET ADDRESS	HURLEY, C 6105 47TH BRADENTO	I AVE E		☐ Delete							☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS	SD HURLEY, 6105 47TH BRADENTO	JOAN K. I AVE E		□ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		li li					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition	

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.