

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90159 027 ****61.25

DOCUMENT # 721483

1. Entity Name

RESTORATION FELLOWSHIP OF SARASOTA, INC.

Principal Place of Business

Mailing Address

5614 RICHARDSON ROAD
 SARASOTA FL 34232

5614 RICHARDSON ROAD
 SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7170160**

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTUNDA, BILL
1832 ORANGEWOOD LN
SARASOTA FL 34232

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
SD GAESSLER, MARY
 STREET ADDRESS **2779 WOODGATE LANE #35**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE NAME Change Addition
SD PHYLLIS-ANN PRESLEY
 STREET ADDRESS **316 21 ST E**
 CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE NAME Delete
TD JOHNSON, DAVID
 STREET ADDRESS **525 18TH AVENUE WEST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE NAME Change Addition
 STREET ADDRESS **2562 Wye Oak Ln**
 CITY-ST-ZIP **Sarasota, FL 34232**

TITLE NAME Delete
PD MATHIS, GE
 STREET ADDRESS **3200 SPAINWOOD DR**
 CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

12. 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 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: *Phyllis Ann Presley* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

941-371-4735

Daytime Phone #

CR2E037 (10/00)