NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 722399**

THIRD CHURCH OF CHRIST, SCIENTIST, SARASOTA, FLO RIDA, INC.

Principal	Place	of	Bus	ines
				-

2. Principal Place of Business

7660 CURTISS AVENUE SARASOTA FL 34231

Mailing Address

7660 CURTISS AVENUE SARASOTA FL 34231

2a. Mailing Address

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## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90062 005 \*\*\*\*61.25

3. Date incorporated or Qualifed

01/05/1972

21		26	<u> </u>		01/05/1972				
	Suite, Apt. #, etc. Suite, A		e, Apt. #, etc.		4. FEI Number	Applied For			
22	27				23-7281257		Applicable		
	City & State City & State			,·	5. Certifcate of Status Desired	\$8.75 Ad	I .		
23	28				o. Certificate of Control Desired	Fee Req	uired		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 N	May Be		
24	25	29 30			Trust Fund Contribution Added to Fe				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent			
			81	Name					
F1 (A)T 141	ure w		82	82 Street Address (P.O. Box Number is Not Acceptable)					
FLINT, JAMES W.			02	Olleet Addit	B35 (1:0: B0X 110:1100: 10 1101: 100pt=2:0)				
8599 WOODBRIAR DRIVE			83						
SAHASUT	A FL 34238					85 Zip C	odo -		
			84	City	. FI	85   Zip C	.		
44 0	to the providings of Continue 617 0502	and 617 1508 Florida Statutes	the above	-named com-	oration submits this statement for the purpose of	of changing its r	egistered		
					oil 5 board of directors, i hereby decept wie appr				
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes.						
SIGNATURE				) _ 1	d when reinstating) DATE				
<u></u>	Signature, typed or printed name of registered agent OFFICERS AND		13.	( Signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12		
12.		DELETE	1.1 TITLE	1			☐ Addition		
TITLE	CD		1.2 NAME						
NAME	VON LUTZOW, RALPH			********	•				
STREET ADDRESS	2324 ADMIRAL WAY		1.3 STREET						
CITY-ST-ZIP	SARASOTA FL	□ DELETE	1.4 CITY-S	T-ZIP		☐ Change	Addition		
TITLE	Τ	☐ DELETE	2.1 TITLE						
NAME	FLIUT, JAMES		2.2 NAME		·				
STREET ADDRESS	8599 WOODBRAIN DRIVE		2.3 STREET						
CITY-ST-ZIP	SARASOTA FL 24238		2. 4 CITY-5	T-ZIP		Change	☐ Addition		
TITLE	D	☐ DELETÉ	3.1 TITLE			□ Ciralige			
NAME	BOARDMAN, DAWN		3.2 NAME						
STREET ADDRESS	7239 CLOISTER DR		3.3 STREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34231		3.4. CITY-S	T-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition		
NAME	GRIFTUER, NANCY		4. 2 NAME				1		
STREET ADDRESS	4979 WINDSOR PARK		4.3 STREE	T ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34235		4.4 CITY-S	T-ZIP	<u> </u>				
TITLE	D	☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME	ALLEN, MARJORIA		5.2 NAME	1					
STREET ADDRESS	3421 WOODMONT ROAD		5.3 STREE	TADDRESS			_		
CITY-ST-ZIP	SARASOTA FL 34232		5.4 CITY-S	T-ZIP			: 		
TITLE	CARROOTA LE OTECE	☐ DELETE	6.1 TITLE		•	☐ Change	Addition		
			6.2 NAME	Į					
NAME			6.3 STREE	T ADDRESS			i		
STREET ADDRESS	1		6.4 CITY-S						
CITY-ST-ZIP	} ·		J. 1 G. 1   - 0				-f		

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: