# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2006 8:00 am**
**Secretary of State**
05-02-2006 90230 029 ****61.25

DOCUMENT # 725855

1. Entity Name
SARASOTA CHRISTIAN CHRUCH INC

| Principal Place of Business | Mailing Address |
|---|---|
| 2923 ASHTON RD.<br>SARASOTA, FL 34231 | 2923 ASHTON RD.<br>SARASOTA, FL 34231 |

04252006 Chg-NP CR2E037 (11/05)

| 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 65-0522313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

STAPLETON, ROY
4114 CENTRAL SARASOTA PKWY APT. 1121
SARASOTA, FL 34238

**7. Name and Address of New Registered Agent**

Name Jim LAGASSE
Street Address (P.O. Box Number is Not Acceptable) 4632 ATLANTIC AVE
City SARASOTA **FL** Zip Code 34233

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: James A LaDasse 4/28
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, 2006**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ASHBY, HAROLD<br>4661 MAC EACHEN<br>SARASOTA, FL 34233 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ELDER<br>Roy Stapleton<br>5700 Bentgrass DR #211<br>SARASOTA, FL 34235 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MARINELLI, GENE<br>2610 WOODGATE LANE<br>SARASOTA, FL 34231 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT/CHAIRMAN<br>Jim LAGASSE<br>4632 ATLANTIC AVE<br>SARASOTA, FL 34233 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PARSLEY, WALLY<br>2264 LOCKWOOD MEADOWS WAY<br>SARASOTA, FL 34234 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>STAPLETON, ROY<br>4114 CENTRAL SARASOTA PKWY #1121<br>SARASOTA, FL 34238 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>GREENE, MARILEE<br>146 INLETS BLVD.<br>NOKOMIS, FL 34275 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LAGASSE, JIM<br>4632 ATLANTIC AVE<br>SARASOTA, FL 34233 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing 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 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:** James A LaDasse Jim LaGasse 4/28 941-924-1823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

941-685-7475