

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90033 026 ****61.25

DOCUMENT # 725855

1. Entity Name
SARASOTA CHRISTIAN CHURCH INC



Principal Place of Business
**2923 ASHTON RD.
SARASOTA, FL 34231**

Mailing Address
**2923 ASHTON RD.
SARASOTA, FL 34231**

40064731



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022008 Chg-NP CR2E037 (12/06)

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

**LAGASSE, JIM
4632 ATLANTIC AVE
SARASOTA, FL 34233**

7. Name and Address of New Registered Agent

Name **WALLY PARSLEY**
Street Address (P.O. Box Number is Not Acceptable) **2284 LOCKWOOD MEADOWS WAY**
City **SARASOTA** FL Zip Code **34234**

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

(NOTE: Registered Agent signature required when reinstating)

4-6-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE **T** ☐ Delete
NAME **ASHBY, HAROLD**
STREET ADDRESS **4661 MCRACHEN**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **T** ☒ Delete
NAME **MARINELLI, GENE**
STREET ADDRESS **2610 WOODGATE LANE**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **T** ☐ Delete
NAME **PARSLEY, WALLY**
STREET ADDRESS **2264 LOCKWOOD MEADOWS WAY**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **PC** ☒ Delete
NAME **LAGASSE, JIM**
STREET ADDRESS **4632 ATLANTIC AVE**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **T** ☐ Delete
NAME **GREENE, MARILEE**
STREET ADDRESS **146 INLETS BLVD.**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PC** ☐ Change ☒ Addition
NAME **WALLY PARSLEY**
STREET ADDRESS **2284 LOCKWOOD MEADOWS WAY**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **T** ☐ Change ☒ Addition
NAME **ROY STAPLETON**
STREET ADDRESS **4114 CENTRAL SARASOTA PKY #1112**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **RICHARD STAYTON** ☐ Change ☒ Addition
STREET ADDRESS **2202 LA SALLE ST**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Wally Parsley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-08 **941-955-6374**
Date Daytime Phone #