

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728666 (9)
1. Corporation Name
SARASOTA SOUTHERN METHODIST CHURCH, INC.



Principal Place of Business

Mailing Address

**3341 GOCIO ROAD
SARASOTA FL 34235**

**3341 GOCIO ROAD
SARASOTA FL 34235**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

3. Date Incorporated or Qualified
01/30/1974

3a. Date of Last Report
06/26/1995

4. FEI Number
59-2190758

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYERS, JOHN H.
27 FLETCHER AVE.
SARASOTA FL 34237**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **HALE, FRANK S**
STREET ADDRESS **1647 PINE TREE LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☒ DELETE
NAME **POWERS, MIKE A**
STREET ADDRESS **900 EASY STREET, #202**
CITY-ST-ZIP **SARASOTA FL**

TITLE **STD** ☐ DELETE
NAME **POLLARD, LYNETTA**
STREET ADDRESS **1725 N. CONRAD AVENUE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Pollard, Lynetta**
1.3 STREET ADDRESS **1725 N. Conrad Av.**
1.4 CITY-ST-ZIP **Sarasota, FL 34234**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Judy Lamb**
2.3 STREET ADDRESS **3232 Lazy Ridge**
2.4 CITY-ST-ZIP **Sarasota, FL 34235**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 941-365-4068
Date Daytime Phone #

CR2E037 (12/95)