FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

SARASOTA SOUTHERN METHODIST CHURCH, INC.

Country

9. Name and Address of Current Registered Agent

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CADAC	OTA E	L 34235

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Principal Place of Business

2. Principal Place of Business

Suite Apt. #. etc

City & State

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

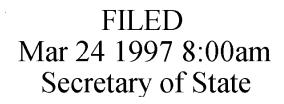
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3341 GOCIO ROAD SARASOTA FL 34235-6626





10. Name and Address of New Registered Agent

3a. Date of Last Repo 05/01/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 01/30/1974

59-2190758

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

MYERS, JOHN H. 27 FLETCHER AVE.		81	Name						
		82	Street	Address (P.O. Box Number is Not Acceptable)					
SARASO	TA FL 34237		83	}			}		
			84	City	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	B5 Zip (Code		
11. Parsuant t	o the provisions of Sections 617,0502 and 617,150	8 Florida Statutes	the abov	e-named			harateinar e		
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 product nature of registered agent and tire if applicable (NOTE: Registered Agent signature required when reinstating) DATE OF THE REGISTER OF									
12.	OFFICERS AND DIRECTORS		13.	ent signature	ADDITIONS/CHANGES TO DEFICERS AT	VD DIRECTOR	S INv12		
TITLE	PD	DELETE	1.1 TITLE		TD -	Change	Addition		
NAME	POLLARD, LYNETTA	_	1.2 NAME		WALKER, JOHN F.				
STREET ADDRESS	1725 N CONPAD AVE		1.3 STREE	ADDRESS	6050 HARTSYL JOB PK.		(
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-1	ST-ZIP	IMPRION, IN 57007		,		
TITLE	VD	DELETE	21 TITLE		VD .	Change	Addition		
NAME	LAMB, JUDY		22 NAME		LAMB, JUDY		}		
STREET ADDRESS	3232 LAZY RIDGE		2.3 STREE	ADDRESS	3232 LAZY RIDGE				
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-	ST-ZIP	SARASOJA, FL		[
TITLE	STD	☐ DELETE	3.1 TITLE		STD	Change	Addition		
NAME	POLLARD, LYNETTA		3.2 NAME		POLLARD, LYNETTA]		
STREET ADDRESS	1725 N. CONRAD AVENUE	1	3 3 STREE	ADDRESS	1725 COHRAD AV.]		
CITY-\$1-7(P	SARASOTA FL		3.4. CITY-	ST-ZIP	SARASOTA, FL 34234				
JULE		DELETE	4.1 TITLE		•	Change	Addition		
NAME.			4. 2 NAME						
STREET ADORESS			4.3 STREE	ADDRESS			J		
City-St-7:P			4.4 CITY-5	ST-ZIP					
TITLE		DELETE	5.1 TITLE			☐ Change	L.] Addition		
NAME			5.2 NAME				1		
STREET ADDRESS			53 STREE	ADDRESS			1		
CITY ST ZIP			5.4 CITY - 3	ST-ZIP					
TITLE		DELETE	6.1 TITLE			☐ Change	L.] Addition		
NAME [[62 NAME				[
STREET ADDRESS			6.3 STREE				}		
CITY-ST-7/P	contifu that the information pureling will his file	done not availe.	6.4 CITY-3		1 0 - 6 - 6 - 140 07/0V2 FI14- 0 - 17 - 17				
14. I do 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									

Country

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