


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 3341 GOCIO ROAD SARASOTA FL 34235		Mailing Address 3341 GOCIO ROAD SARASOTA FL 34235-6626	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/30/1974		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2190758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent MYERS, JOHN H. 27 FLETCHER AVE. SARASOTA FL 34237		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	POLLARD, LYNETTA		
STREET ADDRESS	1725 N CONRAD AVE		
CITY - ST - ZIP	SARASOTA FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	LAMB, JUDY		
STREET ADDRESS	3232 LAZY RIDGE		
CITY - ST - ZIP	SARASOTA FL		
TITLE	STD	<input type="checkbox"/> DELETE	
NAME	POLLARD, LYNETTA		
STREET ADDRESS	1725 N. CONRAD AVENUE		
CITY - ST - ZIP	SARASOTA FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	WALKER, JOHN F.		
1.3 STREET ADDRESS	6050 HARTSVILLE PK.		
1.4 CITY - ST - ZIP	LEBANON, TN 37087		
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	LAMB, JUDY		
2.3 STREET ADDRESS	3232 LAZY RIDGE		
2.4 CITY - ST - ZIP	SARASOTA, FL		
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	POLLARD, LYNETTA		
3.3 STREET ADDRESS	1725 CONRAD AV.		
3.4 CITY - ST - ZIP	SARASOTA, FL 34234		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.			
SIGNATURE: <u>Lynetta Pollard, Sec/Treas.</u> 3-12-97 941-365-4068 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063180			

CR2E037 (9/96)