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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748850** (5)
1. Corporation Name
**CENTRAL CHURCH OF CHRIST OF SARASOTA,
FLORIDA, INC**

Principal Place of Business
**6221 PROCTOR ROAD
SARASOTA FL 34241**

Mailing Address
**6221 PROCTOR ROAD
SARASOTA FL 34241**

3. Date Incorporated or Qualified
09/10/1979

3a. Date of Last Report
03/18/1996

4. FEI Number
59-1973680

Applied For
☐ Not Applicable

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

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
**KNIGHT, STEVEN D.
7409 N. LEEYNN DRIVE
SARASOTA FL 34240**

10. Name and Address of New Registered Agent
81 Name
MERRITT, WILLIAM H.
82 Street Address (P.O. Box Number is Not Acceptable)
2919 DICK WILSON DRIVE
83
84 City
SARASOTA
FL 85 Zip Code
34240

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, printed name of registered agent and title (if applicable)
WILLIAM H. MERRITT
(NOTE: Registered Agent signature required when reinstating)
Date
1/27/97

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CUTSINGER, RON	
STREET ADDRESS	1225 MANSONA BEACH ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VD	☐ DELETE
NAME	LUP JOHN	
STREET ADDRESS	3244 KEY AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	TD	☐ DELETE
NAME	HAWKINS, JIM	
STREET ADDRESS	6398 RICHARDSON ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	SD	☐ DELETE
NAME	KNIGHT, STEVEN	
STREET ADDRESS	7409 LEEYNN DR	
CITY-ST-ZIP	SARASOTA FL 34240	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	D HAWKINS (SP) JIM
33 STREET ADDRESS	6398 RICHARDSON ROAD
34 CITY-ST-ZIP	SARASOTA FL 34240
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☒ Addition
52 NAME	TD MERRITT WILLIAM H
53 STREET ADDRESS	2919 DICK WILSON ROAD
54 CITY-ST-ZIP	SARASOTA FL 34240
61 TITLE	☐ Change ☐ Addition
62 NAME	200002079292
63 STREET ADDRESS	-02/05/97--01123--046
64 CITY-ST-ZIP	***61.25

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: **WILLIAM H. MERRITT** 1/27/97 941-379-2629
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Daytime Phone #

CR2E037 (9/96)