

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # 748850 (5)

CENTRAL CHURCH OF CHRIST OF SARASOTA, FLORIDA, INC.

Mailing Address

6221 PROCTOR ROAD
SARASOTA FL 34241

09/10/1979

Applied For	
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Not Applicable

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28	Zip	Country
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\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

☐ Yes ☐ No

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
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83

FI	85	Zip Code
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CUTSINGER, RON	
STREET ADDRESS	1225 MANSOTA BEACH ROAD	
CITY - ST - ZIP	ENGLEWOOD FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUP, JOHN	
STREET ADDRESS	3249 KEY AVENUE	
CITY - ST - ZIP	SARASOTA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAWKINS, JIM	
STREET ADDRESS	6398 RICHARDSON ROAD	
CITY - ST - ZIP	SARASOTA FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, STEVEN	
STREET ADDRESS	7409 LEEWYNN DR.	
CITY - ST - ZIP	SARASOTA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MERRITT, WILLIAM H	
STREET ADDRESS	2919 DICK WILSON ROAD	
CITY - ST - ZIP	SARASOTA FL 34240	

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

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	S/T/D	<input checked="" 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 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:

REQUIRED

94-379-2629