

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748850

FILED
Apr 28, 2005
Secretary of State

Entity Name: CENTRAL CHURCH OF CHRIST OF SARASOTA, FLORIDA, INC.

Current Principal Place of Business:

6221 PROCTOR ROAD
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

6221 PROCTOR ROAD
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 59-1973680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVAN, CUTSINGER R
1225 MANASOTA BEACH ROAD
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUTSINGER, RON
Address: 1225 MANSOTA BEACH ROAD
City-St-Zip: ENGLEWOOD, FL

Title: D () Delete
Name: ALEXANDER, TODD
Address: 1719 FESSLER STREET
City-St-Zip: ENGLEWOOD, FL 34233

Title: D () Delete
Name: GOODMAN, MARC
Address: 6331 YELLOW TOP DRIVE
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: KEN, WELLS
Address: 3726 EAGLE HAMMOCK
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: THOMPSON, ROSS
Address: 3208 CRYSTAL LAKES COURT
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: WALTER, OTTO
Address: 3317 49TH AVE. E.
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON CUTSINGER

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date