

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90010 032 \*\*\*\*61.25

**DOCUMENT # 759891**

1. Entity Name  
**SARASOTA MENNONITE CHURCH, INC.**



Principal Place of Business

**1010 COBURN ROAD  
SARASOTA, FL 34240**

Mailing Address

**ANDREW L. YODER  
2160 SHADOW OAKS RD.  
SARASOTA, FL 34240 US**



01212005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2123448**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**YODER, KENNETH L.  
5622 ANTOINETTE STREET  
SARASOTA, FL 34232**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YODER, ANDREW
STREET ADDRESS	2160 SHADOW OAKS RD
CITY- ST- ZIP	SARASOTA, FL 34240
TITLE	D
NAME	GRABER, BEN
STREET ADDRESS	320 SINCLAIR DR.
CITY- ST- ZIP	SARASOTA, FL 34232
TITLE	PD
NAME	YODER, KENNETH L
STREET ADDRESS	5622 ANTOINETTE ST
CITY- ST- ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-2005**  
Date

**941-342-1759**  
Daytime Phone #