

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 765142 (5)**

1. Corporation Name

**SARASOTA FRIENDS CHURCH, INC.**



Principal Place of Business

**4101 S. LOCKWOOD RIDGE ROAD  
SARASOTA FL 34231**

Mailing Address

**4101 S. LOCKWOOD RIDGE ROAD  
SARASOTA FL 34231**

3. Date Incorporated or Qualified  
**09/21/1982**

3a. Date of Last Report  
**03/15/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**31-1008356**

Applied For  
Not Applicable

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

**BRANTINGHAM, JAMES M  
3220 MAIDEN LANE  
SARASOTA FL 34231**

## 10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 acknowledge the obligation of, section 617.1503, Florida Statutes.

SIGNATURE **JAMES M. BRANTINGHAM**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **HARGAS, HENRY M.**  
STREET ADDRESS **104 MONET DRIVE**  
CITY - ST - ZIP **NOKOMIS FL**

TITLE **T** ☐ DELETE  
NAME **LE ROY, GEORGE R**  
STREET ADDRESS **458 LAKE OF THE WOODS DR.**  
CITY - ST - ZIP **VENICE FL**

TITLE **D** ☐ DELETE  
NAME **YACCA, PETE**  
STREET ADDRESS **1005 PINE FOREST CT.**  
CITY - ST - ZIP **VENICE FL**

TITLE **P** ☐ DELETE  
NAME **BRANTINGHAM, JAMES M**  
STREET ADDRESS **3220 MAIDEN LANE**  
CITY - ST - ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE  
NAME **BOONE, EARL**  
STREET ADDRESS **303 DIAMOND HEAD DR.**  
CITY - ST - ZIP **BRADENTON FL**

TITLE **D** ☐ DELETE  
NAME **HEINLEIN, BARBARA**  
STREET ADDRESS **3277 BENEVA RD.**  
CITY - ST - ZIP **SARASOTA FL**

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

**George R. Le Roy, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/96 (441)493-6383**

Date

Daytime Phone #

CR2E037 (12/95)