

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90084 004 \*\*\*\*61.25

0065211

**DOCUMENT # 765142**

1. Corporation Name

**SARASOTA FRIENDS CHURCH, INC.**

103146 - 90004 - 7

Principal Place of Business

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

Mailing Address

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



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

3. Date Incorporated or Qualified

**09/21/1982**

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

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 accept the obligations of, Section 617.0503, 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

**D** ☐ DELETE  
**HARGAS, HENRY M.**  
**104 MONET DRIVE**  
**NOKOMIS FL**

**T** ☐ DELETE  
**LE ROY, GEORGE R**  
**458 LAKE OF THE WOODS DR.**  
**VENICE FL**

**D** ☐ DELETE  
**YACCA, PETE**  
**1005 PINE FOREST CT.**  
**VENICE FL**

**P** ☐ DELETE  
**BRANTINGHAM, JAMES M**  
**3220 MAIDEN LANE**  
**SARASOTA FL**

**D** ☐ DELETE  
**HEINLEIN, BARBARA**  
**3277 BENEVA RD.**  
**SARASOTA FL**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**D** **HALLMAN, HERB.**  
**345 JOLANDA CIRCLE-V.I.**  
**VENICE, FL 34292**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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, with all other like empowered.

SIGNATURE:

*James M. Brantingham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan. 15, 1999 (941) 492 5935*

CR2E037 (11/98)