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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

1996

765943

(6)

CHRIST'S CHURCH OF SARASOTA, INCORPORATED

| Unnio | 3 CHOREN OF SAIMOOF | , IROOH OHATED | | | |
|--|--|--|----------------------------------|---|--|
| Principal Place | of Business | Mailing Address | | F ABIST LIBER BILDT BERR SBITT BIRDS | i iin sifii gibii dibu bini bidii nini isa |
| 7376 PALOMINO TRAIL SARASOTA FL 34241 | | 7376 PALOMINO TRAIL SARASOTA FL 34241 | | | |
| | | | | 3. Date Incorporated or Qualified 12/02/1982 | 3a. Date of Last Report 04/19/1995 |
| 2. Principal Pla | ce of Business OST POINTE DRIVE | 2a. Mailing Address 26 4902 Post | POINTE DR | 4. FEI Number 59-2244268 | Applied For Not Applicable |
| Suite, Apt. # | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | SOTA PL | City & State 28 SARASOYA | PL | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| ^{Zip} 24 3γ∂3 | 3 25 USA | | 30 USA | This corporation has liability for Florida Statutes | ☐ Yes 🔏 No |
| | 9. Name and Address of Current | Registered Agent | 04 No. | 10. Name and Address of New F | legistered Agent |
| BRIDGE, | ROBERT R. | | 81 Name 82 Street | RIDGE ROBERT R Address (P.O. Box Number is Not Acceptab | ole) |
| | LOMINO TRAIL TA FL 34241 | | 83 | 902 POST POINTS | Dave |
| 5,42,62 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 84 City | SARASOTA | FL 85 Zip Code 34/23 3 |
| or register | o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section | a. Such change was authorized | the above named co | rporation submits this statement for the pul board of directors. I hereby accept the app | rpose of changing its registered office ointment as registered agent. I am |
| SIGNATURE | Signature, typed or printed name of registered agent a | | : Registered Agent signature re | equired when rejustation) | DATE |
| 12. | OFFICERS AND | | 13. | | ICERS AND DIRECTORS IN 12 |
| TITLE | PSO | DELETE | 1.1 TITLE | PSD | Change Addition |
| NAME | BRIDGE, ROBERT R | | 12 NAME | BRIDGE RUBERY G | ? |
| STREET ADDRESS | 7376 PALOMINO TRAIL | | 1.3 STREET ADDRESS | BRIDGE, RUBERT GOLDE 4902 POST POINTE SARASOTA, FL 34 | DRIVE |
| CITY-ST-ZIP | SARASOTA, FL 00000 | | 1.4 CITY - ST- ZIP | SARASOTA FU 34 | 1933 |
| TITLE | D | DELETE | 2 1 TITLE | 3 | ☐ Change ☐ Addition |
| NAME | BRIDGE, R.S. | | 2 2 NAME | | |
| STREET ADDRESS | 314 BAILEY LANE | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | 2 4 CITY-ST-ZIP | | |
| TITLE | D | DELETE | 31 TITLE | D | Change |
| NAME | BRIDGE, J. E. | | 3.2 NAME | BRIDGE, JUDITH E. | 2.5 |
| STREET ADDRESS | 7376 PALOMINO TRAIL | | 3 3 STREET ADDRESS | BRIDGE, JUDITH E. 4902 POST POINTE SARASOTA, FL. 342. | DRIVE |
| CITY-ST-ZIP | SARASOTA FL | Posisti | 3 4 CITY-ST-ZIP | SARASOTA FL. 342. | Change Addition |
| TITLE | | DELETE | 4.1 TITLE | 1 1 3 | |
| NAME | | | 4. 2 NAME | J. R. O'CARROLL | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 6369 SAMLA DRIVE | \u/. |
| CITY-ST-ZIP | | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | SARASOTA, FC 34. | Change Addition |
| TITLE | | Clotter | 5.2 NAME | | |
| NAME | | | 5.2 NAME 5.3 STREET ADORESS | 20000180 -06/17/96010 | <u> </u> |
| STREET ADORESS | | | 5.4 CITY-ST-ZIP | -06/17/9601 | 021039 |
| CITY-ST-ZIP TITLE | | DELETE | 61 TiTLE | ***61.25 | Change Addition |
| NAME | | L. | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | (() | 5-1.96 |
| CITY ST. 710 | | | 64 CITY - ST - 7IP | | 1 7 TG |

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 cath; 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 attactoryent of the address.

SIGNATURE:

ING FFICER OR DIRECTOR