FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am § Secretary of State

04-26-1999 90279 047 ****61.25

DOCUMENT # 765943

1. Corporation Name

CHRIST'S CHURCH OF SARASOTA. INCORPORATED

Principal Place of Business		Mailing Address					
4573 PINE GREEN TR SARASOTA FL 34241 US		4573 PINE GREEN TR SARASOTA FL 34241 US					
					2. Data large extend or Qualified		
		2a. Mailing Address			3. Date Incorporated or Qualifed 12/0/2/1982		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Anı	lied For	
<u> </u>			27			59-2:244268 Not Applicable	
City & State	Δ		City & State			\$8.75 A	
23		28			5. Certifcate of Status Desired	Fee Re	
Zip Country		Zip	Country		6. Electic n Campaign Financing	\$5.00	May Be
24	25	29	30		Trust Fund Contribution	Added to	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registere	d Agent	
			81	Name			
Bridge, Robert R.				Street Add	dress (P.O. Box Number is Not Acceptable)		
4573 PINE GREEN TR			82	0			
SARASOTA FL 34241			83				
0/11/10/03/1	/ (E 01E1)		84	City		. 85 Zip C	ode
				· ·	F		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the above	e-named con	poration submits this statement for the purpose cion's board of directors. I hereby accept the app	of changing its	registered
office or n	egistered agent, or b∈th, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 617.0503, Flor	utnorized by rida Statutes	tne corporati	ion's board of directors. I hereby accept the app	Omunent as reg	istereu
SIGNATURE							
	Signature, typed or printed name of registered age	<u> </u>		it signature requir	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSD	☐ DELETE	1.1 TITLE			Change	Addition \
NAME	Bridge, Robert R		1.2 NAME				
STREET ADDRESS	4573 PINE GREEN TR	* · ···		ADDRESS			!
CITY-ST-ZIP	SARASOTA FL 34241		1.4 CITY-\$	T-ZIP		= = = = = = = = = = = = = = = = = = = =	TALES.
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BRIDGE, JUDITH E		2.2 NAME				
STREET ADDRESS	4573 PINE GREEN TR		2.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34241		2 4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	O'CARROLL, J R		3.2 NAME				
STREET ADDRESS	6369 SAMOA DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34241		3.4. CITY- S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			[] Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	TADDRESS			
CITY-ST-ZIP			4.4 CITY-\$	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			[] Change	Addition
NAME			5.2 NAME				
STREET ANDRESS	1		5.3 STREE	TADDRESS			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Heret y 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 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 truetee 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, opinyan attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition