


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 765943
1. Entity Name
CHRIST'S CHURCH OF SARASOTA, INCORPORATED



Principal Place of Business 4573 PINE GREEN TR SARASOTA, FL 34241 US	Mailing Address 4573 PINE GREEN TR SARASOTA, FL 34241 US
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2244268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIDGE, ROBERT R
4573 PINE GREEN TR
SARASOTA, FL 34241

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000078960
03/08/04-80047-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRIDGE, ROBERT R 4573 PINE GREEN TR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGE, JUDITH E 4573 PINE GREEN TR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CARROLL, J R 6369 SAMOA DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert R Bridge **ROBERT R BRIDGE** 3/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #