2007 NOT-FOR-PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT #765943

1. Entity Name

CHRIST'S CHURCH OF SARASOTA, INCORPORATED



Principal Place of Business

6369 SAMOA DR SARASOTA, FL 34241 Mailing Address

6369 SAMOA DR

SARASOTA, FL 34241

FILED Apr 23, 2007 08:00 A Secretary of State



01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2244268

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CARROLL, JR 6369 SAMOA DR SARASOTA, FL 34241

SIGNATURE:

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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 Fiorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE I MATERIAL ORGANICA PROGRAMMA AND A CONTRACTOR OF A						
SIGNATURE: BUT A Signature, typad or printed name of rejustered agent and title if applicable (NOTE Registered Agent signature required when reinstating): [NOTE Registered Agent signature required when reinstating representation represent						
C 1987 C 1987 (1987 1997) C 10 C						
יי טייט עיי	Filing Fee is \$61.25	9. Election Campaign Finan	cing	\$5.00 May Be	,	
20,000	Due by May 1, 2007	Trust Fund Contribution.		Added to Fees		
: ,					<u> </u>	
10.	OFFICERS AND DIRECTORS					
TITLE	PSD					
NAME	BRIDGE, ROBERT R					
STREET ADDRESS	6369 SAMOA DR					
CITY-ST-ZIP	SARASOTA, FL 34241				11/2/2004	
TITLE	D				<u> </u>	
NAME	BRIDGE, JUDITH E			05/03/07-80017-018 61.29		
STREET ADDRESS	6369 SAMOA DR					
CITY-ST-ZIP	SARASOTA, FL 34241					
TITLE	D					
NAME	O'CARROLL, J R	i				
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.						

R OR DIRECTOR

PAREDY R. BRIDGE