



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # 765943 1. Entity Name CHRIST'S CHURCH OF SARASOTA, INCORPORATED	
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Principal Place of Business 6369 SAMOA DR SARASOTA, FL 34241 US	Mailing Address 6369 SAMOA DR SARASOTA, FL 34241 US
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BRIDGE, ROBERT R 6369 SAMOA DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIDGE, JUDITH E 6369 SAMOA DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'CARROLL, J R 6369 SAMOA DR SARASOTA, FL 34241
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U00000893174  
04/23/08-80096-004 61.25

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12. I hereby certify that the information supplied with this filing 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, I am empowered.

SIGNATURE: *Robert R. Bridge* Date: 4/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT R. BRIDGE