

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09653

FILED
Mar 06, 2005
Secretary of State

Entity Name: CHRISTADELPHIAN ECCLESIA OF SARASOTA, INC.

Current Principal Place of Business:

% ROBERT DEAKIN
3315 E VENICE AVE
VENICE, FL 342922534

New Principal Place of Business:

Current Mailing Address:

% ROBERT DEAKIN
3315 E VENICE AVE
VENICE, FL 342922534

New Mailing Address:

FEI Number: 59-2547218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAKIN, ROBERT
3315 E VENICE AVE
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BOWERS, FLOYD
Address: 7425 N LEEWYNN DR
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: DEAKIN, ROBERT,
Address: 3315 VENICE AVE E.
City-St-Zip: VENICE, FL

Title: VTD () Delete
Name: DILLINGHAM, ARTHUR F.
Address: 5885 WATERBURY CL.
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: BUTTS, BILL
Address: 10063 JEANSPOUR DR
City-St-Zip: ENGLEWOOD, FL

Title: D () Delete
Name: CORWIN, ALBERT
Address: 874 GREEN CIRCLE
City-St-Zip: VENICE, FL

Title: D () Delete
Name: SONDER, HOWARD
Address: 4240 PRAIRIE VIEW DR NORTH
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD BOWERS

PSD

03/06/2005

Electronic Signature of Signing Officer or Director

_____ Date