


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N21230</b> 1. Entity Name <b>FRIENDSHIP BAPTIST CHURCH OF SARASOTA, INC.</b>	
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Principal Place of Business <b>% CECIL ELLIOT EVERS 5700 PALMER BLVD. SARASOTA, FL 34232</b>	Mailing Address <b>% CECIL ELLIOT EVERS 5700 PALMER BLVD. SARASOTA, FL 34232</b>
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03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2372566</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>EVERS, BARBARA 5700 PALMER BOULEVARD SARASOTA, FL 34232</b>
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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.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, WILLIAM E 1330 BACON AV SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERS, BARBARA 2603 WEBBER PL SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERS, CECIL ELLIOT 5423 11TH ST SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/05/07-80023-002 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 like empowered.

**SIGNATURE:** William E. Pitts WILLIAM E. PITTS 3/25/07 941-371-2301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #