2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

Jan 29, 2004 08:00 AM DOCUMENT # N26310 **Secretary of State** 1. Entity Name FIRST PRESBYTERIAN CHURCH OF SARASOTA. FLORIDA, INC. Principal Place of Business Mailing Address 2050 OAK STREET 2050 OAK STREET SARASOTA, FL 34237-093 US __ SARASOTA, FL 34237 01052004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-0751920 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DONALDSON, ROBERT DO NOT WRITE 7820 HERITAGE CLASSIC COURT **BRADENTON, FL 34202-2508** IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ANDERSON, C.E. U00000021167 01/29/04-80097-012 61.25 STREET ADDRESS 4338 LOST FOREST LANE CITY-ST-ZIP SARASOTA, FL 34235 TITLE NAME BROWN, MICHAEL B STREET ADDRESS 4762 WATERMARK LANE CITY-ST-ZIP SARASOTA, FL 34238 TITLE NAME DONALDSON, ROBERT STREET ADDRESS 7820 HERITAGE CLASSIC COURT DO NOT WRITE CITY-ST-ZIP BRADENTON, FL 342022508 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

12. I hereby certify that the Information supplied with this filling does not qualify 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 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: Kalut S.) maldon-forer or Director Car. 15, 2004 (94) 907-3924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Deptime Phone *