

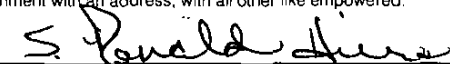


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90026 045 \*\*\*\*61.25

<b>DOCUMENT # N37931</b>					
1. Entity Name <b>SARASOTA ALLIANCE CHURCH, INC.</b>					
Principal Place of Business % LARRY POFFENBARGER c/o Jim Lopez 7221 BEE RIDGE ROAD SARASOTA, FL 34241			Mailing Address % LARRY POFFENBARGER c/o Jim Lopez 7221 BEE RIDGE ROAD SARASOTA, FL 34241		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0191040</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POFFENBARGER, LARRY 7221-BEE-RIDGE-ROAD SARASOTA, FL 34241			Name <b>Jim Lopez</b> Street Address (P.O. Box Number is Not Acceptable) <b>7221 Bee Ridge Rd.</b> City <b>Sarasota</b> FL Zip Code <b>34241</b>		
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 			DATE <b>4/02/08</b>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIERS, S. RONALD		NAME		
STREET ADDRESS	7221 BEE RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAILING, KENNETH		NAME		
STREET ADDRESS	7221 BEE RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, AMY		NAME		
STREET ADDRESS	7221 BEE RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKARD, LEE		NAME	Randy Kruger	
STREET ADDRESS	7221 BEE RIDGE RD		STREET ADDRESS	7221 Bee Ridge Rd.	
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP	Sarasota, FL 34241	
TITLE	DTR	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POFFENBARGER, LARRY		NAME	Jim Lopez	
STREET ADDRESS	7221 BEE RIDGE RD		STREET ADDRESS	7221 Bee Ridge Rd.	
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date <b>3-27-08</b> Daytime Phone # <b>941-379-1929</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					