

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

25 JUN 22 AM 9:17

DOCUMENT # **N41976** (4)
1. Corporation Name
THE EVANGELICAL FREE CHURCH OF SARASOTA, INC.

Principal Place of Business Mailing Address
1899 S TUTTLE AVE. SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/04/1991** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-1542530** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANGELISTA, DAVID
1899 S TUTTLE AVE
SARASOTA FL 34239

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **DETWEILER, DANIEL P.**
STREET ADDRESS **4510 HIDDEN FOREST DR.**
CITY - ST - ZIP **SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D**
NAME **BEACHY, DAN**
STREET ADDRESS **4021 WAIKIKI DR**
CITY - ST - ZIP **SARASOTA FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **CURRY, MORT**
2.3 STREET ADDRESS **2665 MARLETTE STREET**
2.4 CITY - ST - ZIP **SARASOTA, FL. 34231**

TITLE **D**
NAME **TAYMAN, CAROL**
STREET ADDRESS **2947 SWIFTON DR**
CITY - ST - ZIP **SARASOTA FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TAYMAN, DONALD**
3.3 STREET ADDRESS **4436 MEADOW CREEK CIR.**
3.4 CITY - ST - ZIP **SARASOTA, FL. 34233**

TITLE **D**
NAME **MORROW, MYRTLE**
STREET ADDRESS **4510 SPANN**
CITY - ST - ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D**
NAME **HUDSON, GARY**
STREET ADDRESS **2478 BELVIER BLVD**
CITY - ST - ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald O. Tayman

DONALD O. TAYMAN

JUNE 19, 1995

924-5931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (3/95)