

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # N42900 (3)

1. Corporation Name

CROSS HAVEN MENNONITE CHURCH, INC.

Principal Place of Business

**4350 17TH STREET
SARASOTA FL 34235**

Mailing Address

**50 MIMOSA DR
SARASOTA FL 34232
US**

3. Date Incorporated or Qualified
04/10/1991

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0255743

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, H. GREG
2014 4TH STREET
SARASOTA FL 34237**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☒ DELETE
NAME **SCHLABACH, DANIEL V.**
STREET ADDRESS **3117 MCINTOSH RD.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **DTR** ☒ DELETE
NAME **MURPHY, KEVIN V**
STREET ADDRESS **4512 ARDALE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ DELETE
NAME **MILLER, BOB**
STREET ADDRESS **1228 WAGON WHEEL DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** **Chairman of Board (D)** ☒ Change ☐ Addition
1.2 NAME **Ken Miller**
1.3 STREET ADDRESS **1022 Hancock St.**
1.4 CITY-ST-ZIP **Sarasota, FL 34232**

2.1 TITLE **T** **Treasurer (T)** ☒ Change ☐ Addition
2.2 NAME **Joitta B Berkey**
2.3 STREET ADDRESS **5813 Countrywood Dr.**
2.4 CITY-ST-ZIP **Sarasota, FL 34232**

3.1 TITLE **D** **D** ☐ Change ☐ Addition
3.2 NAME **Miller, Bob**
3.3 STREET ADDRESS **1228 Wagon wheel Dr.**
3.4 CITY-ST-ZIP **Sarasota, FL**

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **500001797495**
5.3 STREET ADDRESS **-04/29/96--01021--013**
5.4 CITY-ST-ZIP *****61.25**

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 119.07(3)(k), 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:

Joitta B. Berkey

Joitta B. Berkey

4/1/96

941)371-0479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)