

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # N93000000382 (2)

1. Corporation Name

COMMUNITY BIBLE CHURCH OF SARASOTA FLORIDA, INC.

Principal Place of Business

Mailing Address

2440 22ND STREET
SARASOTA FL 34236

2440 22ND STREET
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1993

3a. Date of Last Report

02/09/1994

4. FEI Number

65-0380077

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1959 Martin Luther King
Suite, Apt. #, etc.

25 2155 N. Orange Ave

Suite, Apt. #, etc.

22 Sarasota, FL

27 Sarasota, FL

City & State

City & State

23

28

Zip

Country

Zip

Country

24 34234

25 Sarasota

29 34234

30 Sarasota

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COFFEE, CHARLES D
2440 22ND STREET
SARASOTA FL 34236

81 Name

Rev. Rosa Butler

82 Street Address (P.O. Box Number is Not Acceptable)

2155 N. Orange Ave

83

Sarasota

84 City

FL

85 Zip Code

34234

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

Rosa Butler

ROSA BUTLER

7/27/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	THOMAS, WADE REV
STREET ADDRESS	P.O. BOX 2171
CITY - ST - ZIP	SARASOTA FL 34230
TITLE	D
NAME	COFFEE, CHARLES D REV
STREET ADDRESS	2440 22ND ST.
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	D
NAME	BUTLER, ROSA REV
STREET ADDRESS	2155 N. ORANGE AVE.
CITY - ST - ZIP	SARASOTA FL 34234
TITLE	D
NAME	REESE, EFFIE
STREET ADDRESS	1351 16TH STREET
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	DELETE
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 118.07(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:

Effie M. Reese

EFFIE M. REESE

7/27/95

941.388-3555

(Signature and typed or printed name of signing officer or director)