

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000382

1. Entity Name

COMMUNITY BIBLE CHURCH OF SARASOTA FLORIDA, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90107 013 ****61.25

Principal Place of Business

Mailing Address

1959 MARTIN LUTHER KING
SARASOTA FL 34234
US

COMMUNITY BIBLE CHURCH
P O BOX 285
SARASOTA FL 34230-0285
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0380077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, REV ROSA
2155 N ORANGE AVE
SARASOTA FL 34234

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS THOMAS, JERALENE
CITY-ST-ZIP 2410 MAPLE AVE
SARASOTA FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BUTLER, ROSA REV
CITY-ST-ZIP 2155 N. ORANGE AVE.
SARASOTA FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME ~~PLEASE, OFFICE~~
STREET ADDRESS ~~1351 18TH STREET~~
CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MAYS, SHEILA
CITY-ST-ZIP 5816 11TH ST. EAST
BRADENTON, FL 34203

TITLE ☐ Delete
NAME P
STREET ADDRESS HANNANS, ELOUISE
CITY-ST-ZIP 1585 22ND ST
SARASOTA FL 34234

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)