## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 21, 2008 08:00 A DOCUMENT # N93000000382 Secretary of State COMMUNITY BIBLE CHURCH OF SARASOTA FLORIDA Principal Place of Business Mailing Address 1959 MARTIN LUTHER KING COMMUNITY BIBLE CHURCH SARASOTA FL 34234 P O BOX 285 SARASOTA FL 34230 2. Principal Place of Business - No P.O. Bex # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 65-0380077 Not Applicable Ζıp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAYS, SHELIA Street Address (P.O. Box Number is Not Acceptable) 5816 11TH STREET EAST **BRADENTON FL 34203** Zip Code City 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 /—— edeolonet ettr DATE \$18-\$186-\$10,\$5.84 5:55 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Oue By May 1, 2008 Florida Department of State Added to Fees Mpskilin der Side ti 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change TITLE Delete THEF Addition 000000866661 04/08/08-80039-012 61.25 THOMAS, JERALENE MAME NAME 2410 MAPLE AVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE D Delate ☐ Change ☐ Addition HANNANS, ELOUISE NAME HAME 1585 22ND ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP CITY STAZIP ☐ Change Delete Addition MAYS, SHEILA NAME NAME 5816 11TH ST. EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-7IP CiTY-ST-ZiP TITLE ☐ Delete 1000 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete ☐ Addition THE 1171.0 ☐ Change NAME KALIF STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: Elouise Hannons

2-27-08