


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90162 010 ****61.25

DOCUMENT # N93000004601	
1. Entity Name SARASOTA FAMILY WORSHIP CENTER, INC.	

Principal Place of Business 3341 GOCIO ROAD SARASOTA, FL 34235 US	Mailing Address 3341 GOCIO ROAD SARASOTA, FL 34235 US
---	---



04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3202684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHELBY, MITCHELL L
615 147TH ST E
BRADENTON, FL 34212

**DO NOT WRITE
IN THIS SPACE**

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: *Mitchell L. Shelby* *Mitchell L. Shelby* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELBY, MITCHELL L 615 147TH ST E BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARZA, ISRAEL 3341 A GOCIO RD. SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELBY, CAROL 615 147TH ST. E. BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOUGHTY, BRUCE 2648 STOKES DR. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6223 38th ST E BRADENTON 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Mitchell L. Shelby* *Mitchell L. Shelby* *4-26-06* *941 359 3400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #