# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 20, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N95000000254

1. Entity Name
CORNERSTONE PRESBYTERIAN CHURCH OF SARASOTA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 14306 COVENANT WAY<br>BRADENTON, FL 34202 | 14306 COVENANT WAY<br>BRADENTON, FL 34202 |

**DO NOT WRITE IN THIS SPACE**

02022006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0617139
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STURKEY, DAVID REV.
14306 COVENANT WAY
BRADENTON, FL 34202

**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 _____ 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

000004299912
03/02/06-80021-001 70.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | CHURCHILL, ALAN |
| STREET ADDRESS | 3138 REGATTA CIRCLE |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | D |
| NAME | MCGEE, TOM |
| STREET ADDRESS | 2837 YORKTOWN STREET |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | D |
| NAME | VAN AMBER, DAVE |
| STREET ADDRESS | 2718 STRATFORD DR |
| CITY-ST-ZIP | SARASOTA, FL 34232 |
| TITLE | D |
| NAME | MARTIN, WILLIAM E |
| STREET ADDRESS | 2604 30TH STREET WEST |
| CITY-ST-ZIP | BRADENTON, FL 34205 |
| 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:** _____ 2/15/06 941-907-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #