

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000580

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: GIFTS FROM GOD OF SARASOTA, INC.

**Current Principal Place of Business:**

P.O. BOX 1300  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1300  
OSPREY, FL 34229

**New Mailing Address:**

FEI Number: 65-0742520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BUTTERFIELD, MICHAEL  
369 DOLPHIN SHORES CIR.  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: RIPO, GERALD  
Address: 1234 LIME AVE  
City-St-Zip: SARASOTA, FL 34237

Title: TD ( ) Delete  
Name: KEITH, LLOYD  
Address: 320 BAY VISTA AVE  
City-St-Zip: OSPREY, FL 34229

Title: COBD ( ) Delete  
Name: SMITH, TED  
Address: 3110 BISPHAM RD  
City-St-Zip: SARASOTA, FL 34231

Title: PCEO ( ) Delete  
Name: BUTTERFIELD, MICHAEL  
Address: 369 DOLPHIN SHORES CIR  
City-St-Zip: NOKOMIS, FL 34275

Title: SD ( ) Delete  
Name: KOVACH, SUSAN  
Address: 7920 UMBRELLA PINE WAY  
City-St-Zip: SARASOTA, FL 34241

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: PINKERTON, STACY  
Address: 670 NORTH RIVER RD  
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BUTTERFIELD

PCEO

04/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date