

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90042 040 ****61.25

DOCUMENT # N99000001629 1. Entity Name TRINITY BAPTIST CHURCH OF SARASOTA, INC.	
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Principal Place of Business 2311 MAPLE AVE SARASOTA, FL 34234	Mailing Address P O BOX 2543 SARASOTA, FL 34230
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40072184

2. Principal Place of Business - No P.O. Box # 1348 32nd St	3. Mailing Address Same
Suite, Apt. #, etc. 	Suite, Apt. #, etc.
City & State Sarasota, FL 34234	City & State
Zip 34234	Country Sarasota



03312008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent PERKINS, STANFORD J 1348 32ND ST SARASOTA, FL 34234	7. Name and Address of New Registered Agent Name Stanford J Perkins Street Address (P.O. Box Number is Not Acceptable) 1348 32nd St Sarasota, FL 34234 City FL Zip Code
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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 *Stanford J Perkins* **4-7-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD PERKINS, STANFORD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PERKINS, STANFORD	NAME	
STREET ADDRESS	1348 32ND STREET	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PERKINS, THERESA	NAME	
STREET ADDRESS	1345 32ND STREET	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JACOBS, MARY	NAME	
STREET ADDRESS	1862-SANFORD CIR.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	HOUSTON, PATRICIA	NAME	
STREET ADDRESS	2311 MAPLE AVE	STREET ADDRESS	1348 32nd St
CITY-ST-ZIP	SARASOTA, FL 34234	CITY-ST-ZIP	Sarasota, FL 34234
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 address, with all other like empowered.

SIGNATURE: *Stanford J Perkins* **4/7/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #