

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR -5 PM 3:13	
DOCUMENT # 704404 (3) 1. Corporation Name ST. JOHN'S UNITED METHODIST CHURCH OF WINTER HAV EN, INC.				
Principal Place of Business 1800 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884		Mailing Address 1800 CYPRESS GARDENS BLVD. WINTER HAVEN FL 33884		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/10/1962
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		3a. Date of Last Report 03/01/1994
23 City & State		28 City & State		4. FEI Number 59-1036243
24 Zip		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
				7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
				8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No
9. Name and Address of Current Registered Agent CARRIER, FRED W. 136 GRANT RD. WINTER HAVEN FL 33884			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Fred W. Carrier</i> DATE 3/10/95 Signature of officer or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)				
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T CARRIER, FRED W. 136 GRANT RD WINTER HAVEN FL	1.1 TITLE ☐ Change ☒ Addition		1.2 NAME	
P HEATH, AUDREY P O BOX 1237 N/A LAKE ALFRED FL	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP 33884	
D STRNAD, ROLAND 3828 GAINES CT WINTER HAVEN FL	2.1 TITLE ☒ Change ☐ Addition		2.2 NAME P	
D WAGNER, CAROLYN J 900 WEDGEWOOD SE WINTER HAVEN FL	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP 500 Ave L, NW #504 WINTER HAVEN FL 33884	
D HNEGARDNER, JACK 950 15TH ST NE WINTER HAVEN FL	3.1 TITLE ☐ Change ☒ Addition		3.2 NAME	
V BRYANT, DAVID 1903 ELOISE LOOP RD WINTER HAVEN FL	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP 33884-2807	
	4.1 TITLE ☐ Change ☒ Addition		4.2 NAME	
	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP 33884	
	5.1 TITLE ☒ Change ☐ Addition		5.2 NAME V	
	5.3 STREET ADDRESS		5.4 CITY - ST - ZIP LACY, BRENT 707 S. LAKE FLORENCE DR. WINTER HAVEN, FL 33884-2240	
	6.1 TITLE ☒ Change ☐ Addition		6.2 NAME D	
	6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.				
SIGNATURE: <i>Fred W. Carrier / Audrey J. Heath</i> (f13) 299-9482 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 3/10/95				