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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
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DOCUMENT # N41559 (8)

1. Corporation Name

SAINT JOHN THE APOSTLE, METROPOLITAN COMMUNITY C
HURCH, INC.

Principal Place of Business	Mailing Address
2209 UNITY ST FT MYERS FL 33901 US	~~P O BOX 2107~~ ~~FT MYERS FL 33902~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1991
3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0230168 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O.Box 6779
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Fort Myers, FL
Zip 24 / Country 25	Zip 29 33911 / Country 30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MITCHELL, EUGENE H 1712 VISCAYA PKWY CAPE CORAL FL 33990	81 Name: Rev Renne L Sh-wver 82 Street Address (P.O. Box Number is Not Acceptable): 2209 Unity Street 83 84 City: Fort Myers FL 85 Zip Code: 33901

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: *[signature]* Rev. Renne L. Shawver, Director — DATE: March 1, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D/C ☒ Change ☒ Addition
NAME	~~MEYERING, KURT~~ *Delete*	1 2 NAME	REV RENNE L SHAWVER
STREET ADDRESS	1118 SW 39TH TERR	1 3 STREET ADDRESS	2209 UNITY STREET
CITY-ST-ZIP	CAPE CORAL FL	1 4 CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	TD	2 1 TITLE	D/S ☒ Change ☒ Addition
NAME	~~WARD, DAVID R.~~ *Delete*	2 2 NAME	NANCY J OLDS
STREET ADDRESS	1910 SUNSET PLACE	2 3 STREET ADDRESS	16900 SLATER ROAD # 43
CITY-ST-ZIP	FORT MYERS FL	2 4 CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	BEATTY, PAULA	3 2 NAME	
STREET ADDRESS	12877 EAGLES NEST DR	3 3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	D ☒ Change ☒ Addition
NAME	~~MITCHELL, E.H.~~ *Delete*	4 2 NAME	NORMAN BOWLES
STREET ADDRESS	1712 VISCAYA PKWY	4 3 STREET ADDRESS	4444 WATERS EDGE LANE
CITY-ST-ZIP	CAPE CORAL FL	4 4 CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D	5 1 TITLE	D ☒ Change ☒ Addition
NAME	~~VANSTEEN, JUDYTH~~ *Delete*	5 2 NAME	GLENN NITSCHKE
STREET ADDRESS	6777 WINKLER RD M-171	5 3 STREET ADDRESS	6512 KESTREL CIRCLE
CITY-ST-ZIP	GOODLAND FL	5 4 CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D	6 1 TITLE	T ☒ Change ☒ Addition
NAME	~~HOLLANDER, JONATHAN~~ *Delete*	6 2 NAME	DAVID D SAMSON
STREET ADDRESS	2632 PROVIDENCE ST	6 3 STREET ADDRESS	3906 SANTA CLARA LANE
CITY-ST-ZIP	FORT MYERS FL	6 4 CITY-ST-ZIP	NORTH FORT MYERS, FL 33903

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *[signature]* David D Samson, Treasurer — 3/2/95 — 813-543-6125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069090