

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41559 (8)

1. Corporation Name

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

Principal Place of Business

**2209 UNITY ST
FT MYERS FL 33901
US**

Mailing Address

**P O BOX 6779
FT MYERS FL 33911
US**



3. Date Incorporated or Qualified
01/08/1991

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAWVER
SHAWVER, RENNE L REV
2209 UNITY STREET
FORT MYERS FL 33901**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DC SHAWVER, RENNE L REV**
STREET ADDRESS **2209 UNITY STREET**
CITY-STATE-ZIP **FORT MYERS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **DS OLDS, NANCY J**
STREET ADDRESS **16900 SLATER ROAD #43**
CITY-STATE-ZIP **NORTH FORT MYERS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D BEATTY, PAULA**
STREET ADDRESS **12877 EAGLES NEST DR**
CITY-STATE-ZIP **BOKEELIA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **D BOWLES, NORMAN**
STREET ADDRESS **4444 WATERS EDGE LANE**
CITY-STATE-ZIP **SANIBEL FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☒ DELETE
NAME **D NITSCHKE, GLENN**
STREET ADDRESS **6512 KESTREL CIRCLE**
CITY-STATE-ZIP **FORT MYERS FL**

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME **D ROSS GRIFITH**
5.3 STREET ADDRESS **16951 SLATER ROAD**
5.4 CITY-STATE-ZIP **NO. FORT MYERS FL 33917**

TITLE ☐ DELETE
NAME **T SAMSON, DAVID D**
STREET ADDRESS **3906 SANTA CLARA LANE**
CITY-STATE-ZIP **NORTH FORT MYERS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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: David D Samson **DAVID D SAMSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

2/18/96

Date

941-543-6125

Daytime Phone #

CR2E037 (12/95)