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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 CHURCH, INC.

Principal Place of Business	Mailing Address
2209 UNITY ST FT MYERS FL 33901 US	P O BOX 6779 FT MYERS FL 33911-6779 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/08/1991
3a. Date of Last Report: 02/29/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHAWVER, RENNE L REV		1.2 NAME		
STREET ADDRESS	2209 UNITY STRET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE	D	☒ Change ☒ Addition
NAME	OLDS, NANCY J		2.2 NAME	Janet Messersmith	
STREET ADDRESS	16900 SLATER ROAD #43		2.3 STREET ADDRESS	927 SW 37th Terr	
CITY-ST-ZIP	NORTH FORT MYERS FL		2.4 CITY-ST-ZIP	Cape Coral FL	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☒ Addition
NAME	BEATTY, PAULA		3.2 NAME	MARY LEIGH	
STREET ADDRESS	12877 EAGLES NEST DR		3.3 STREET ADDRESS	80 Vinata Ct	
CITY-ST-ZIP	BOKEELIA FL		3.4 CITY-ST-ZIP	FORT Myers, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOWLES, NORMAN		4.2 NAME		
STREET ADDRESS	4444 WATERS EDGE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	DS	☒ Change ☒ Addition
NAME	ROSS, GRIFFITH		5.2 NAME		
STREET ADDRESS	16951 SLATER ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SAMSON, DAVID D		6.2 NAME		
STREET ADDRESS	3906 SANTA CLARA LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

DAVID D SAMSON 2/28/97