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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41559**

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 US

2. Principal Place of Business 21 702 SE 24th Ave	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/08/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0230168 ☐ Applied For ☐ Not Applicable
City & State 23 CAPE CORAL FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33990 25 US	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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) 318 SE 19th STreet

83

84 City Cape CORAL **FL** 85 Zip Code 33990

11. Pursuant to the provisions of Sections 617.0502 thru 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 Rev Renne L Shawver Director MAR 22 1999
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	DC	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SHAWVER, RENNE L REV		1.2 NAME		
STREET ADDRESS	~~2209 UNITY STREET~~		1.3 STREET ADDRESS	318 SE 19TH STREET	
CITY-ST-ZIP	~~FORT MYERS FL~~		1.4 CITY-ST-ZIP	Cape CORAL FL 33990	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JANET MESSERSMITH		2.2 NAME		
STREET ADDRESS	~~927 SW 37TH TERR~~		2.3 STREET ADDRESS	1121a Fiddlewood Cir.	
CITY-ST-ZIP	~~CAPE CORAL FL~~		2.4 CITY-ST-ZIP	Riverview FL 33569	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	~~MARY LEIGH~~		3.2 NAME	Connie Tolle	
STREET ADDRESS	~~80 VINATA CT~~		3.3 STREET ADDRESS	5149 Ann Arbor	
CITY-ST-ZIP	~~FORT MYERS FL~~		3.4. CITY-ST-ZIP	Bokeelia FL 33922	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~BOWLES, NORMAN~~		4. 2 NAME	Herbert Michaels	
STREET ADDRESS	~~4444 WATERS EDGE LANE~~		4.3 STREET ADDRESS	13 Circle Drive	
CITY-ST-ZIP	~~SANIBEL FL~~		4.4 CITY-ST-ZIP	Fort Myers FL 33908	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SAMSON, DAVID D		5.2 NAME		
STREET ADDRESS	3906 SANTA CLARA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Glenda Enterline	
STREET ADDRESS			6.3 STREET ADDRESS	9127 Morris Road	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Fort Myers FL 33912	

14. I 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, with all other like empowered.

SIGNATURE: David D Samson SIGNATURE REQUIRED TREASURER Mar 22, 1999 941-543-6125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)