2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State
06-29-2001 90218 045 ****61.25

DOCUMENT # N41559

1. Entity Name
SAINT JOHN THE APOSTLE
METROPOLITAN COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address
PO BOX 6779
FT MYERS, FL 33911

A0075456

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3049 McGREGOR BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT MYERS, FL	City & State
Zip: 33901 Country: LEE	Zip Country

4. FEI Number: 65-0230168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REV. RENNE L. SHAWVER 318 SE 19 ST CAPE CORAL FL 33990	Name Street Address (P.O. Box Number is Not Acceptable) 3049 McGREGOR BLVD City FT MYERS FL Zip Code 33901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: REV. RENNE L. SHAWVER 6/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D C REV. RENNE L. SHAWVER 318 SE 19 ST CAPE CORAL FL 33990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3049 McGREGOR BLVD FT MYERS FL 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIZABETH HENNESSY 3622 SE 2ND AVE CAPE CORAL FL 33990 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition JEANETTE TAYLOR 537 SW 52ND ST CAPE CORAL FL 33914
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNIE TOLLE 1156 PATTERSON RD FORT MYERS FL 33903 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition MARY LEIGH 3122 COUNTRY CLUB BLVD CAPE CORAL FL 33990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERBERT MICHAELS 13 CIR DR FT MEYERS FL 33908 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition G. DOUGLAS JONES 19356 PINE GLEN DR FT MYERS FL 33912
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVID D. SAMSON 3906 SANTA CLARA LANE NORTH FORT MYERS FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D ☐ Change ☒ Addition DALE A. GNATEK 2052 NE 18TH ST CAPE CORAL FL 33909
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLENDA ENTERLINE 9127 MORRIS RD FT MEYERS FL 33912 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition FT MYERS FL 33912

CR2E037 (11/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dale A. Gnatek DALE A. GNATEK 6/24/01 (941) 482-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #