

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41559

1. Entity Name

SAINT JOHN THE APOSTLE, METROPOLITAN COMMUNITY CHURCH, INC.

Principal Place of Business

3049 MCGREGOR BLVD
FORT MYERS FL 33901
US

Mailing Address

P O BOX 6779
FT MYERS FL 33911
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

SHAWVER RENNE L REV
3049 MCGREGOR BLD
FORT MYERS FL 33901

Name REV. PHYLLIS E. HUNT

Street Address (P.O. Box Number is Not Acceptable)

3049 MCGREGOR BLVD

City FORT 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

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 DC
NAME SHAWVER, RENNE L REV
STREET ADDRESS 3049 MCGREGOR BLVD
CITY-ST-ZIP FORT MYERS FL 33901
☒ Delete

TITLE DC
NAME REV. PHYLLIS E. HUNT
STREET ADDRESS 3049 MCGREGOR BLVD
CITY-ST-ZIP FORT MYERS FL 33901
☐ Change ☒ Addition

TITLE D
NAME TAYLOR, JEANETTE
STREET ADDRESS 537 SW 52ND STREET
CITY-ST-ZIP CAPE CORAL FL 33914
☒ Delete

TITLE D
NAME MAXINE JOHNSON
STREET ADDRESS 666 BRIGANTINE BLVD
CITY-ST-ZIP N FT MYERS FL 33917
☐ Change ☒ Addition

TITLE D
NAME LEIGH, MARY
STREET ADDRESS 3122 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPE CORAL FL 33990
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME JONES, G. DOUGLAS
STREET ADDRESS 19356 PINE GLEN DRIVE
CITY-ST-ZIP FORT MYERS FL 33912
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE TD
NAME GNATEK, DALE A
STREET ADDRESS 2052 NE 18TH STREET
CITY-ST-ZIP CAPE CORAL FL 33909
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME ENTERLINE, GLENDA
STREET ADDRESS 9127 MORRIS RD
CITY-ST-ZIP FT MEYERS FL 33912
☒ Delete

TITLE D
NAME NANCY CASEY
STREET ADDRESS 150 SE 19th ST
CITY-ST-ZIP CAPE CORAL FL 33990
☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02 941-482-3535

Date

Daytime Phone #

CR2E037 (9/01)