

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90013 005 ****61.25

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEL Number 65-0230168	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FILIZZI, STEPHEN REV 3049 MCGREGOR BLD FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FILIZZI, STEPHEN 3049 MCGREGOR BLVD FORT MYERS, FL 33901 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSERLY, MARILYN 537 SW 52ND ST CAPE CORAL, FL 33914 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, ROSS 16951 SLATER RD NORTH FORT MYERS, FL 33917 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSTOWSKI, KATHY 203 SHENANDOAH LAKE NORTH FORT MYERS, FL 33917 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, ROBERT 205 Bayshore Dr Cape Coral, FL 33904-5810 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAUTEL, KAREN 1345 MORNINGSIDE DR FORT MYERS, FL 33901 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLDRIDGE, P.A. 13201 CARIBBEAN BLVD FORT MYERS, FL 33905 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scharbrough, Jon 1615 Red Cedar Dr Apt 11 Fort Myers, FL 33907-7618 ☐ 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: <u>Ross Griffith, Director</u> 1-25-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					