2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

## **DOCUMENT # N41559**

1. Entity Name

SAINT JOHN THE APOSTLE, METROPOLITAN COMMUNITY C HURCH, INC.

Principal Place of Business

2. Principal Place of Business

3049 Mc Gregor Blud.

3049 MCNREGOR BLVD FORT MYERS FL 33901

City & State

Zip

US

Mailing Address

P O BOX 6779 FT MYERS FL 33911

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED	•
May 05, 2003 8:00 am	8000
Secretary of State	•

05-05-2003 91770 013 \*\*\*\*61.25

☐ CHECK HERE IF MAKING CHANGES								
	4. FEI Number 65-02301	68		Applied For				
	00 0200 1	00 0200 100						
ry	5. Certificate of Status Desi	red		75 Additional Care				
	7. Name and Address of N	lew Registere	d Agen	t				
Name Re	ev. Stephen 7	76122	<u> </u>	('A ·				
Street Addr	ress (P.O. Box Number is Not Accep	otable)						
2	a McCups -	QL w.l						

HUNT, PHYLLIS E REV 3049 MCGREGOR BLD FORT MYERS FL 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. I am familiar with, and accept

Rev Stephen Filizzi (NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW: FEE IS \$61.25

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to Florida Department of State

•		nost rana ce	Antinodion.	Added to Fees	Fiorida Depi	artment of s	otate
10.	OFFICERS AND DIRECTORS	· <del></del> .	11.	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10
TITLE	DC	Delete	TITLE	DC		☐ Change	Addition
NAME	HUNT, PHYLLIS E		NAME	Stephen 7,41 3049 McGreg	<b>321</b>	_	
STREET ADDRESS			STREET ADDRESS	3049 McGreg	or Blud		
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP	Fort Myers , 7	L 33901		•
TITLE	D	☑ Delete	TITLE	D	<u> </u>	☐ Change	Addition
NAME	JOHNSON, MAXINE		NAME	Marilyn Messe	erly		-
STREET ADDRESS	666 BRIGANTINE BLVD		STREET ADDRESS	537 3W524851	•		
CITY-ST-ZIP	FORT MYERS FL 33917		CITY-ST-ZIP	Cape CORAL , 7	14 33914	-6519	
TITLE!		- 🗷 Delete	TITLE	0 -		☐ Change	X Addition
NAME	LEIGH, MARY		NAME	Ross Griffith 16951 Slater Ro			
STREET ADDRESS	3122 COUNTRY CLUB BLVD		STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33990		CITY-ST-ZIP	No Fort Mygos	74 33917	1.6904	
TITLE	D	Delete	TITLE	D		☐ Change	<b>才</b> Addition
NAME	JONES, G. DOUGLAS		NAME	Kathy Mostows 203 Shenandoa	KI		[
STREET ADDRESS	19356 PINE GLEN DRIVE		STREET ADDRESS	203 Shenandoa	h lake		ì
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP	NO FORT MYC	vs 7L 33	217	
TITLE	TD	Delete	TITLE	TO		☐ Change	<b>▲</b> Addition
NAME	GNATEK, DALE A		NAME	Karen Sautel			
STREET ADDRESS	2052 NE 18TH STREET		STREET ADDRESS	1345 Morning:	swe pr		
CITY-ST-ZIP	CAPE CORAL FL 33909		CITY-ST-ZIP	FORT Myers	7L 3390	1.8726	
TITLE	D	Delete	TITLE	D		☐ Change	Addition
NAME	CASEY, NANCY		NAME	P.A Wooldridg	e		
STREET ADDRESS			STREET ADDRESS	13201 caribbe	an Blod		
CITY-ST-ZIP	CAPE CORAL FL 33990		CITY-ST-ZIP	7+ Myers 71	3390	15.2041	
48 I haveler	and the state of the second state of the sta			ALLE CARRES 440 07(0)(). Class	d- Co		

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:

REQUIRESTEPHEN 7.11221 4/30/03