FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701089 (5)

1. Corporation Name
ST. JOHNS UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
5800 BEE RIDGE RD SARASOTA FL 34233-1504	5800 BEE RIDGE RD SARASOTA FL 34233-1504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1960
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2466867 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WILLIS, TROYER
5426 POTTER STREET
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: PEAIRS, RALPH
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6510 Goldfinch Street
84 City: SARASOTA, FL 85 Zip Code: 34241

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ralph Peairs DATE: 3/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	TALBOT, WAYNE	1.2 NAME	PEAIRS, RALPH	
STREET ADDRESS	3931 COUNTRYVIEW LN.	1.3 STREET ADDRESS	6510 Goldfinch Street	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, Fl. 34241	
TITLE	D	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	HALE, LARRY	2.2 NAME	Willian Hankins	
STREET ADDRESS	2615 STRATFORD DR.	2.3 STREET ADDRESS	7165 Captain Kidd Ave	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, Fl. 34231	
TITLE	PD	3.1 TITLE	D	☑ Change ☐ Addition
NAME	TROYER, WILLIS	3.2 NAME	Nancy Glotfelty	
STREET ADDRESS	5426 POTTER STREET	3.3 STREET ADDRESS	3941 Marlborough Pl	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	Sarasota, Fl. 34241	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHEIB, DOLLY	4.2 NAME		
STREET ADDRESS	215 MIMOSA CRCL.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	TROUT, RITA	5.2 NAME	Harland Dillenbeck	
STREET ADDRESS	3946 COLERIDGE PL.	5.3 STREET ADDRESS	4011 Westminster Dr	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, Fl. 34241	
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	COLLINS, TERRY	6.2 NAME	Terry Collins	
STREET ADDRESS	825 PONDER AVENEU	6.3 STREET ADDRESS	3040 Prudence Dr	
CITY-ST-ZIP	SRAASOTA FL	6.4 CITY-ST-ZIP	Sarasota, Fl. 34235	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ralph Peairs RALPH PEAIRS-Chr Bd of Trustees 3/6/95 813-371-4127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000344