

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701089 (5)

1. Corporation Name

ST. JOHNS UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

5800 BEE RIDGE RD  
SARASOTA FL 34233-15045800 BEE RIDGE RD  
SARASOTA FL 34233-5067

3. Date Incorporated or Qualified

06/16/1960

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2466867

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEAIRS, RALPH  
6510 GODFINCH STREET  
SARASOTA FL 34241

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PEAIRS, RALPH	
STREET ADDRESS	6510 GODFINCH STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, BRAIN	
STREET ADDRESS	2220 TEAL AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WADE, KAREN	
STREET ADDRESS	2358 BLACK OAK COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHEIB, DOLLY	
STREET ADDRESS	215 MIMOSA CRCL	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, LARRY	
STREET ADDRESS	3728 71ST TERRACE EAST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIBLER, JOHN	
STREET ADDRESS	3718 MALEC CIRCLE	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Talbot, Wayne	
1.3 STREET ADDRESS	3931 Countryview Lane	
1.4 CITY-ST-ZIP	Sarasota FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gibbons, Kathy	
2.3 STREET ADDRESS	3935 DeFoe Square	
2.4 CITY-ST-ZIP	Sarasota FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Drechsler, Donald	
3.3 STREET ADDRESS	7081 North Serenoa Drive	
3.4 CITY-ST-ZIP	Sarasota FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: Wayne E. Talbot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-97

Date

Daytime Phone # 0083026

CR2E037 (9/96)