

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90011 015 ****61.25

0067461

DOCUMENT # 701089

1. Corporation Name

ST. JOHNS UNITED METHODIST CHURCH, INC.

Principal Place of Business

5800 BEE RIDGE RD
SARASOTA FL 34233-1504

Mailing Address

5800 BEE RIDGE RD
SARASOTA FL 34233-1504



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/16/1960

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

9. Name and Address of Current Registered Agent

PEAIRS, RALPH
6510 GODFINCH STREET
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name
PURSER, ANNA
82 Street Address (P.O. Box Number is Not Acceptable)
4525 CITATION LN
83
84 City
SARASOTA FL 85 Zip Code
34233

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 *X Anna Purser*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/27/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TALBOT, WAYNE	
STREET ADDRESS	3931 COUNTRYVIEW LANE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, BRAIN	
STREET ADDRESS	2220 TEAL AVENUE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STIRES, ALBERT	
STREET ADDRESS	2646 MAN 'O WAR CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GIBBONS, KATHY	
STREET ADDRESS	3935 DEFOE SQUARE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, J.B.	
STREET ADDRESS	5638 CREEKWOOD DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINTERSTINE, RAY	
STREET ADDRESS	4307 MEADOWLAND CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHETLER, PAUL	
1.3 STREET ADDRESS	1311 STOEGER AVE	
1.4 CITY-ST-ZIP	SARASOTA FL 34232	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TROYER, WILLIS	
2.3 STREET ADDRESS	13794 FRUITVILLE RD	
2.4 CITY-ST-ZIP	SARASOTA FL 34240	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	COSTA, NORMA	
3.3 STREET ADDRESS	4545 LAKE VISTA DR	
3.4 CITY-ST-ZIP	SARASOTA FL 34233	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVIS, MARVIN	
4.3 STREET ADDRESS	4527 PROCTOR RD	
4.4 CITY-ST-ZIP	SARASOTA FL 34241	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *X Anna Purser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

11/27/99

X(941)927-4231

CR2E037 (11/98)