## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # 701089 1. Entity Name ST. JOHNS UNITED METHODIST CHURCH, INC. 01-19-2000 90183 012 \*\*\*\*61.25 Principal Place of Business Mailing Address 5800 BEE RIDGE RD 5800 BEE RIDGE RD **SARASOTA FL 34233-5067** SARASOTA FL 34233-1504 U U J & O J 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2466867 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PURSER HUNA Street Address (P.O. Box Number is Not Acceptable) PEAIRS, RALPH-**4525 CITATION LN** SARASOTA FL 34233 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \* FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SECRETARY DOROTHY SCHNABEL TITLE Change Addition Addition ☐ Delete TITLE NAME SHETLER, PAUL 3726 TORREY ANESWY NAME STREET ADDRESS STREET ADDRESS 1311 STOEBER AVE SARASOTA FL 34238 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Change Addition O TITLE ☐ Delete TITLE STERTZER, FREQ Troyer, Willis NAME NAME 2115 FIESTA DR STREET ADDRESS STREET ADDRESS 13794 FRUITVILLE RD GRASOTA, FL 34231 CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34240 Addition Change TITLE Delete TITLE ANDREW 473 CORKOAK ST STIRES, ALBERT NAME NAME STREET ADDRESS STREET ADDRESS 2646 MAN 'O WAR CIRCLE CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34240 **X** Addition **Z** Delete TITI F ☐ Change DRESHLER, BEUCH COSTA, NORMA NAME NAME 26 IVORYPL STREET ADDRESS 4545 LAKE VISTA DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-7IP D VICE CHAIRMAN □ Delete Change ☐ Addition DAVIS, MARVIN NAME NAME 6527 PROCTOR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 TITLE Change ☐ Addition TITLE Detete WINTERSTINE, RAY NAME NAME STREET ADDRESS 4307 MEADOWLAND CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 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 eath; 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