

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701089

1. Entity Name

ST. JOHNS UNITED METHODIST CHURCH, INC.

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90014 045 ****61.25

Principal Place of Business		Mailing Address	
5800 BEE RIDGE RD SARASOTA FL 34233-1504		5800 BEE RIDGE RD SARASOTA FL 34233-1504	
6611 PROCTOR RD		6611 PROCTOR RD	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SARASOTA		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34241	Country SARASOTA	Zip 34241	Country SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2466867		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEAIRS, RALPH 4525 CITATION LN SARASOTA FL 34233		Name KENT J. ANDERSON Street Address (P.O. Box Number is Not Acceptable) 7101 S. TAMiami TRAIL City SARASOTA FL Zip Code 34231	

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 Kent J. Anderson DATE 1/20/01
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHETLER, PAUL 1311 STOEER AVE SARASOTA FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROYER, WILLIS 13794 FRUITVILLE RD SARASOTA FL 34240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob BIGELOW 6401 GATOR CREEK BLVD SARASOTA, FL 34241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIRES, ALBERT 2646 MAN 'O WAR CIRCLE SARASOTA FL 34240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH HANSEN 4196 ARROW DR. SARASOTA, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERTZER, FRED 2115 FIESTA DR SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARVIN 6527 PROCTOR RD SARASOTA FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESS, ANDREW 5473 CORK OAK ST SARASOTA FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARVIN DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01

941-371-6554

Date

Daytime Phone #

CR2E037 (10/00)