

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 701089**

Entity Name

**ST. JOHNS UNITED METHODIST CHURCH, INC.****FILED****Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90171 035 \*\*\*\*61.25

Principal Place of Business

**611 PROCTOR ROAD  
SARASOTA FL 34241**

Mailing Address

**6611 PROCTOR ROAD  
SARASOTA FL 34241**

Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-2466867**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ANDERSON, KENT J  
7101 S TAMiami TRAIL  
SARASOTA FL 34231****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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)

DATE

**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**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>SHELTER, PAUL</del>	
STREET ADDRESS	<del>1311 STOEGER AVE</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34232</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>BIBEL, BOB</del>	
STREET ADDRESS	<del>6001 GATOR CREEK BLVD</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34241</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>HANSEN, JOSEPH</del>	
STREET ADDRESS	<del>4198 ARROW DRIVE</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34231</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<del>STERTZER, FRED</del>	
STREET ADDRESS	<del>2115 FIESTA DR</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34231</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>DAVIS, MARVIN</del>	
STREET ADDRESS	<del>8527 PROCTOR RD</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34241</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<del>BESS, ANDREW</del>	
STREET ADDRESS	<del>5473 CORK OAK ST</del>	
CITY-ST-ZIP	<del>SARASOTA FL 34239</del>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOROTHY SCHNABEL</b>	
STREET ADDRESS	<b>3726 TORREY PINES WAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARRY WASHMUTH</b>	
STREET ADDRESS	<b>1916 RAIN FOREST TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEAN COUCH</b>	
STREET ADDRESS	<b>3724 MALEC CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34233</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEFF SMITH</b>	
STREET ADDRESS	<b>6950 JARVIS ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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: Dorothy Schnabel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/15/02**

Date

**941-929-7434**

Daytime Phone #

CR2E037 (9/01)