


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90035 010 ****61.25

DOCUMENT # 701089 1. Entity Name ST. JOHNS UNITED METHODIST CHURCH, INC.					
Principal Place of Business 6611 PROCTOR ROAD SARASOTA, FL 34241				Mailing Address 6611 PROCTOR ROAD SARASOTA, FL 34241	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDERSON, KENT J. 7101 S TAMiami TRAIL SARASOTA, FL 34231				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D. WITTER, PAUL	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTER, PAUL			NAME	
STREET ADDRESS	4554 SANDPINE LN.			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34241			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHMUTH, LARRY			NAME	
STREET ADDRESS	1916 RAIN FOREST TRAIL			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34240			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUCH, JEAN			NAME	
STREET ADDRESS	3724 MALEC CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY, BEERE			NAME	
STREET ADDRESS	7561 HARRINGTON LN.			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34202			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEFF			NAME	
STREET ADDRESS	6950 JARVIS RD			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34241			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, ERIC			NAME	
STREET ADDRESS	4603 THOMAS HOBY PL.			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34241			CITY-ST-ZIP	
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: <u>Larry Washmuth</u> 3/5/04 941-377-4704 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					