2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90008 026 ****61.25

DOCUMENT # **701089**

1. Entity Name

ST. JOHNS UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
6611 PROCTOR ROAD SARASOTA FL 34241	6611 PROCTOR ROAD SARASOTA FL 34241

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2466867 ☐ Applied For ☐ Not Applicable

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

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 **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Paul D Witter 3-22-07
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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY ST ZIP	D WITTER, PAUL 4554 SANDPINE LN. SARASOTA FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D JOHNSON, CRAIG 7474 PALMER GLEN CIRCLE SARASOTA FL 34240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☒ Addition GEOFFREY GIBBS 6465 KAHANA WAY SARASOTA, FL 34241
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WHEELER, LISA 8924 MISTY CREEK DR. SARASOTA FL 34241	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☒ Addition JODELL ANDERSON 7301 IGUANA AR SARASOTA FL 34241
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SMITH, KERRY 2414 ICECAPADE DR SARASOTA FL 34240-8600	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☒ Addition KATHY BIGELOW 7729 RED CEDAR LANE SARASOTA FL 34241
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D NEVINS, PAUL 4003 BENT TREE BLVD SARASOTA FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SNELL, WILLIAM 2608 VALENCIA DR SARASOTA FL 34239-6339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Paul D Witter PAUL WITTER 4/26/07 941-925-2661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #