2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# 701089

Entity Name: ST. JOHNS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

6611 PROCTOR ROAD
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

6611 PROCTOR ROAD
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 59-2466867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, KENT J
7101 S TAMIAMI TRAIL
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WITTER, PAUL	
Address:	4554 SANDPINE LN.	
City-St-Zip:	SARASOTA, FL 34241	
Title:	D	( ) Delete
Name:	GIBBS, GEOFFREY	
Address:	6465 KANANA WAY	
City-St-Zip:	SARASOTA, FL 34241	
Title:	D	( ) Delete
Name:	ANDERSON, JODELL	
Address:	7301 IGUANA DR	
City-St-Zip:	SARASOTA, FL 34241	
Title:	D	( ) Delete
Name:	BIGELOW, KATHY	
Address:	7729 RED CEDAR LANE	
City-St-Zip:	SARASOTA, FL 34241	
Title:	D	( ) Delete
Name:	NEVINS, PAUL	
Address:	4003 BENT TREE BLVD	
City-St-Zip:	SARASOTA, FL 34241	
Title:	D	( ) Delete
Name:	SNELL, WILLIAM	
Address:	2608 VALENCIA DR	
City-St-Zip:	SARASOTA, FL 342396339	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WASMUTH, LARRY	
Address:	1916 RAIN FOREST TRAIL	
City-St-Zip:	SARASOTA, FL 34240	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY GIBBS D 05/04/2009

Electronic Signature of Signing Officer or Director — Date