

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704404 (3)

1. Corporation Name

ST. JOHN'S UNITED METHODIST CHURCH OF WINTER HAVEN, INC.

Principal Place of Business

Mailing Address

1800 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33884

1800 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33884-1958



3. Date Incorporated or Qualified
08/10/1962

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRIER, FRED W.
136 GRANT RD.
WINTER HAVEN FL 33884

81 Name

M. Marvin Graves

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

2221 Cypress Gardens Blvd

83

84

Winter Haven

FL

85 Zip Code

33884

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

M. Marvin Graves

9/19/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
HAWKINS, ROBERT
STREET ADDRESS
25 ALPINE DRIVE, SWISS VILLAGE
CITY-ST-ZIP
WINTER HAVEN FL 33881

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
GRAVES, M. MARVIN
STREET ADDRESS
2221 CYPRESS GDN. BLVD.
CITY-ST-ZIP
WINTER HAVEN FL 33884

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME
TOWART, JANET
STREET ADDRESS
P.O. BOX 2162 N/A
CITY-ST-ZIP
WINTER HAVEN FL 33883-2162

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Smith, Barbara A.
2920 Eloise Loop Road
Winter Haven, FL 33884

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME
FANCHER, JOHN
STREET ADDRESS
117 LAKE MARIAM WAY
CITY-ST-ZIP
WINTER HAVEN FL 33884

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Patricia Gilder
902 Heron Circle
Winter Haven FL 33884

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME
LACY, BRENT
STREET ADDRESS
707 S LAKE FLORENCE DR
CITY-ST-ZIP
WINTER HAVEN FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

LLOYD A. WHANN
1211 HELENA RD.
WINTER HAVEN, FL. 33884

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. Marvin Graves

11/19/97

941 324 6181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054845

CR2E037 (9/96)