

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90156 015 \*\*\*\*61.25

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**DOCUMENT # 704404**

1. Corporation Name

**ST. JOHN'S UNITED METHODIST CHURCH OF WINTER HAV  
EN, INC.**

Principal Place of Business

**1800 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33884**

Mailing Address

**1800 CYPRESS GARDENS BLVD.  
WINTER HAVEN FL 33884**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**08/10/1962**

4. FEI Number

**59-1036243**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**BEALL, LINDY LINDY  
9705 LAKE BESS RD #535  
WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

*Lindy D. Beall***2/10/99**

(NOTE: Registered Agent signature required when reinsubmitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE**KUNZE, RON  
298 OKALOOSA DR  
WINTER HAVEN FL 33884**TITLE ☐ DELETE**BEALL, LINDY  
9705 LAKE BESS RD 535  
WINTER HAVEN FL 33884**TITLE ☐ DELETE**LACY, BRENT  
707 S LAKE FLORENCE DR  
WINTER HAVEN FL 33884**TITLE ☐ DELETE**TUCKER, TERRY  
4310 SHADOW WOOD TERR  
WINTER HAVEN FL 33880**TITLE ☒ DELETE**HEVERLY, HELEN  
1825 3RD ST SE  
WINTER HAVEN FL 33880**TITLE ☒ DELETE**BLEEKER, JACK  
131 LAMERAUX RD  
WINTER HAVEN FL 33884**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition**PEISHER, JAY  
812 W. MAIN ST.  
LAKE HAMILTON, FL 33851-0735**2.1 TITLE ☐ Change ☒ Addition**BOWMAN, MRS. KIM  
1027 MOCHINGBIRD CIR  
WINTER HAVEN, FL 33884-2580**3.1 TITLE ☐ Change ☒ Addition**GILDER, MRS. PAT  
902 HERON CIR  
WINTER HAVEN, FL 33884-2510**4.1 TITLE ☐ Change ☒ Addition**5.1 TITLE ☐ Change ☐ Addition**5.2 NAME ☐ Change ☐ Addition**5.3 STREET ADDRESS ☐ Change ☐ Addition**5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition**6.2 NAME ☐ Change ☐ Addition****6.3 STREET ADDRESS ☐ Change ☐ Addition****6.4 CITY-ST-ZIP ☐ Change ☐ Addition**

14. 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 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, with all other like empowered.

SIGNATURE:

*Lindy D. Beall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/10/99**

Date

**941-324-6347**

Daytime Phone #

CR2E037 (11/98)