


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90032 017 ****61.25

DOCUMENT # 704404 1. Entity Name ST. JOHN'S UNITED METHODIST CHURCH OF WINTER HAVEN, 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1036243	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEALL, LINDAY 9705 LAKE BESS RD #535 WINTER HAVEN, FL 33884				Name JACK MAXWELL (Street Address (P.O. Box Number is Not Acceptable)) 4360 ASHTON CLUB DRIVE City LAKE WALES FL 33859	
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 JACK MAXWELL, CHAIRMAN <i>Jack Maxwell</i> 1-14-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) (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	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEISHER, JAY	NAME	NANCY HETTICK		
STREET ADDRESS	812 W. MAIN ST.	STREET ADDRESS	6039 CYPRESS GARDENS BLVD		
CITY-ST-ZIP	LAKE HAMILTON, FL 338510735	CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BEALL, LINDY N	NAME	BILL WEAVER		
STREET ADDRESS	9705 LAKE BOSS RD. #535	STREET ADDRESS	2808 WINTERSET PARK		
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAXWELL, JACK	NAME	LINDA MOISA		
STREET ADDRESS	4645 LAKE OHIP 4360 ASHTON CLUB DR	STREET ADDRESS	310 S. LAKE MARIAM DR.		
CITY-ST-ZIP	WINTER HAVEN, FL 33884 LAKE WALES, FL 33859	CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIPPEL, JAMES	NAME	BILL BICE		
STREET ADDRESS	430 SUWANEE RD.	STREET ADDRESS	286 HERNANDO RD.		
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	WINTER HAVEN, FL 33884		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOCH, SHARON	NAME			
STREET ADDRESS	6525 ELOISE LOOP RD	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURTON, ANGELA	NAME			
STREET ADDRESS	4909 WILLOWBROOK CIR SE	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 338842935	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: <i>Jack Maxwell</i> 1-14-04 863-287-0869 <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)</small>					

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