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Secretary of State

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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66003401

01052005 Chg-NP CR2E037 (10/03)

DOCUMENT # 704404

1. Entity 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

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 ☐ 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
MAXWELL, JACK 4360 ASHTON CLUB DR. LAKE WALES, FL 33859	Name: X Street Address (P.O. Box Number is Not Acceptable): SAME 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: X Jack Maxwell 1-6-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005

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	T PEISHER, JAY 812 W. MAIN ST. LAKE HAMILTON, FL 338510735	☑ Delete	TITLE / NAME 05 / STREET ADDRESS / CITY-ST-ZIP	BILL WEAVER 2808 WINTERSET PARK WINTER HAVEN, FL 33884 ☐ Change ☑ Addition
TITLE / NAME 05 / STREET ADDRESS / CITY-ST-ZIP	T MEMBER BEALL, LINDY N 9705 LAKE BOSS RD. #535 WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME 06 / STREET ADDRESS / CITY-ST-ZIP	BILL BICE 286 HERNANDO RD WINTER HAVEN, FL 33884 ☐ Change ☑ Addition
TITLE / NAME 07 / STREET ADDRESS / CITY-ST-ZIP	T Chairman MAXWELL, JACK 4360 ASHTON CLUB DR. LAKE WALES, FL 33859	☐ Delete	TITLE 06 / NAME / STREET ADDRESS / CITY-ST-ZIP	LINDA MOISA 310 S. LAKE MARIAM DR. WINTER HAVEN, FL 33884 ☐ Change ☑ Addition
TITLE / NAME 06 / STREET ADDRESS / CITY-ST-ZIP	T Member SIPPEL, JAMES 430 SUWANEE RD. WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME 07 / STREET ADDRESS / CITY-ST-ZIP	DAVE JUNK 705 HERITAGE DR N WINTER HAVEN 33881 ☐ Change ☑ Addition
TITLE / NAME 05 / STREET ADDRESS / CITY-ST-ZIP	S Member HETTICK, NANCY 6039 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME 07 / STREET ADDRESS / CITY-ST-ZIP	MARILYN ROLLINS 213 ORCHID TERRACE HAINES CITY, FL 33844 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Member BURTON, ANGELA 4909 WILLOWBROOK CIR SE WINTER HAVEN, FL 338842935	☑ 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 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: Jack Maxwell JACK MAXWELL 1-6-05 863-287-0869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #