

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704404

FILED
Feb 26, 2008
Secretary of State

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

Current Principal Place of Business:

1800 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

1800 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 59-1036243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BICE, BILL
286 HERNANDO ROAD
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

BLUE, RICHARD
3835 TRADITIONS BLVD.
WINTER HAVEN, FL 33884 US

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: RICHARD BLUE

02/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BICE, BILL
Address: 286 HERNANDO ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: BEALL, LINDY
Address: 9705 LAKE BESS ROAD LOT #535
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: ALDERFER, MONTE
Address: 107 PINE TER
City-St-Zip: HAINES CITY, FL 33844

Title: S () Delete
Name: BLUE, RICHARD
Address: 3835 TRADITIONS BLVD N
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: CURRIE, GERLAD W
Address: 6107 GRAND OAKS DR SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: ROLLINS, MARILYN
Address: 213 ORCHID TERRACE
City-St-Zip: HAINES CITY, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLUE, RICHARD
Address: 3835 TRADITIONS BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HINES, ALAN
Address: 151 HOMEWOOD COURT
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHELTON, MYRA
Address: 217 GULF AIRE BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

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: RICHARD BLUE

P

02/26/2008

Electronic Signature of Signing Officer or Director

Date