

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704404

FILED
Mar 19, 2009
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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLUE, RICHARD
Address: 3835 TRADITIONS BLVD.
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: HINES, ALAN
Address: 151 HOMEWOOD COURT
City-St-Zip: WINTER HAVEN, FL 33880

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HOWARD, JOYCE
Address: 530 LAKE HOWARD DR. NW
City-St-Zip: WINTER HAVEN, FL 33844

Title: S (X) Change () Addition
Name: BUTCHER, JUDY
Address: 430 HILLCREST DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: CROMWELL, DAVID
Address: 3367 LAKEVIEW DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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

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: BARB HARRIS

CA

03/19/2009

Electronic Signature of Signing Officer or Director

Date