


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90255 032 \*\*\*\*61.25

<b>DOCUMENT # 704995</b>	
1. Entity Name <b>CHURCH OF ST JOHN THE DIVINE INC</b>	

Principal Place of Business <b>705 NINTH ST, SE P. O. BOX 87 RUSKIN FL 33570</b>	Mailing Address <b>705 NINTH ST, SE P. O. BOX 87 RUSKIN FL 33575</b>
---	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-0709153</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>WILDER, TRACY H 705 9TH ST. S.E. RUSKIN FL 33570</b>	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

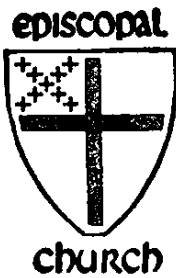
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Tracy H. Wilder, Jr.</i>	DATE <b>3-1-05</b>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILDER, TRACY H 705 NINTH ST. S.E.P.O. BOX 87 RUSKIN FL 33570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, SHIRLEY 1705 WOLF LAUREL DR SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carole Del Castillo 1224 Haddington Circle Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGNER, HELEN 1510 ALLEGHENY DR. SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Tracy H. Wilder, Jr.</i>	DATE: <b>3-1-05</b>	DAYTIME PHONE: <b>815-645-1521</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



ATTACHMENT

40026819

CHURCH OF ST. JOHN THE DIVINE

#704995

P.O. BOX 87  
RUSKIN, FLORIDA 33570  
(813) 645-1521

CORPORATION ANNUAL REPORT

2005

TITLE	NAME	STREET ADDRESS	CITY, ST., ZIP
D	Arp, Susan	6820 Regents Village Way	Apollo Beach, FL 33572
D	Robert Devling	702 Huxley Place	Sun City Center, FL 33573
D	Jack Edison	1606 Vincennes Dr.	Sun City Center, FL 33573
D	Sheila Greason	817 Freedom Plaza Cir. #207	Sun City Center, FL 33573
D	Connie Keister	6417 Rubia Circle	Apollo Beach, FL 33572
D	Alice Maiocchi	1409 Lake Lucerne Way #202	Brandon, FL 33511
D	Roger Mills	105 12th St. SW	Ruskin, FL 33570
D	Richard Pierce	1905 Del Webb Blvd. W.	Sun City Center, FL 33573
D	Ed Rose	701 Huxley Place	Sun City Center, FL 33573
D	Delmar Schulz	1622 Brookton Green Dr.	Sun City Center, FL 33573
D	Vince Thompson	1403 Pinetree Circle	Wimauma., FL 33598