

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 705195**

1. Entity Name

**SALERNO SOUTHERN METHODIST CHURCH, INC.**



Principal Place of Business

**4899 S.E. EBBTIDE AVENUE  
STUART, FL 34997**

Mailing Address

**P.O. BOX 143  
PORT SALERNO, FL 34992**



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2282965**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, JUDITH O  
5082 S.E. KINGFISH AVENUE  
STUART, FL 34997**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, LLOYD
STREET ADDRESS	5082 S.E. KINGFISH AVENUE
CITY-ST-ZIP	STUART, FL 34997
TITLE	VD
NAME	YOUNGBLOOD, KEVIN
STREET ADDRESS	1900 SOUTH KANNER HIGHWAY, APT 8-201
CITY-ST-ZIP	STUART, FL 34994
TITLE	ST
NAME	JOHNSON, JUDITH O
STREET ADDRESS	5082 KINGFISH AVENUE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	LEWIS, TOM
STREET ADDRESS	4750 S.E. BYWOOD TERRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	WALKER, WILLIAM F
STREET ADDRESS	5065 S.E. CHANNEL DRIVE
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000815728  
02/14/08-90021-012 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Judith O. Johnson, Sec.* 1/18/08 (772) 487-4840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #