

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 721313**

1. Entity Name

CHURCH OF ST. JOHNS, INC.

Principal Place of Business

**C/O ROBERT MALLET
BOX 444, LAUREL RD.
NOKOMIS FL 34274**

Mailing Address

**C/O ROBERT MALLET
BOX 444, LAUREL RD.
NOKOMIS FL 34274**

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 **23-7122175**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MALLET, ROBERT
108 AMALFIE RD
NOKOMIS FL 34274**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WORTHINGTON, REV. J.R.
108 AMALFIE ROAD
NOKOMIS, FL 34274** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TRETTER, REV. A.D.
108 AMALFIE ROAD
NOKOMIS, FL 34274** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BROWN, REV. WILLIAM
108 AMALFIE ROAD
NOKOMIS, FL 00000** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 employees.

SIGNATURE: *Robert Mallet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90070 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)