

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721313

FILED
Jan 03, 2007
Secretary of State

Entity Name: CHURCH OF ST. JOHNS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-7122175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLET, ROBERT REV.
108 AMALFIE RD
NOKOMIS, FL 34274 US

Name and Address of New Registered Agent:

MALLET JR, ROBERT E REV.
108 AMALFIE RD
NOKOMIS, FL 34274 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: ROBERT E MALLET JR

01/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WORTHINGTON, REV. J., R.
Address: 108 AMALFIE ROAD
City-St-Zip: NOKOMIS, FL 34274,

Title: VD () Delete
Name: TRETTER, REV. A.D.,
Address: 108 AMALFIE ROAD
City-St-Zip: NOKOMIS, FL 34274,

Title: PD () Delete
Name: BROWN, REV. WILLIAM,
Address: 108 AMALFIE ROAD
City-St-Zip: NOKOMIS, FL 34274

Title: VD () Delete
Name: MALLET, ROBERT REV.
Address: 108 AMALFIE RD.
City-St-Zip: NOKOMIS, FL 34274

Title: TD (X) Delete
Name: MALLET, ROBERT R JR
Address: 108 AMALFIE RD
City-St-Zip: NOKOMIS, FL 34274

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LIEDTKE, SABRA K SD
Address: 108 AMALFIE ROAD
City-St-Zip: NOKOMIS, FL 34274

Title: VD (X) Change () Addition
Name: MALLET, GEOFFREY P VD
Address: 108 AMALFIE ROAD
City-St-Zip: NOKOMIS, FL 34274

Title: VD (X) Change () Addition
Name: EPLIN, MAGDALIN VD
Address: 108 AMALFIE ROAD
City-St-Zip: NOKOMIS, FL 34274

Title: PTD (X) Change () Addition
Name: MALLET JR, ROBERT E PTD
Address: 108 AMALFIE RD.
City-St-Zip: NOKOMIS, FL 34274

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT E MALLET JR

PTD

01/03/2007

Electronic Signature of Signing Officer or Director

Date