


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90027 031 ****61.25

DOCUMENT # 762726		
1. Entity Name SAINT JOHN'S PARISH, INCORPORATED		

Principal Place of Business % THE REV. DOUGLAS E. REMER 906 SOUTH ORLEANS AVENUE TAMPA, FL 33606	Mailing Address % THE REV. DOUGLAS E. REMER 906 SOUTH ORLEANS AVENUE TAMPA, FL 33606
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40013544



01242008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0747309	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REMER, DOUGLAS E 906 SOUTH ORLEANS AVENUE TAMPA, FL 33606		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DJW	<input checked="" type="checkbox"/> Delete		TITLE	DSW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARDY, WILLIAM			NAME	Hardy, William		
STREET ADDRESS	8734 49TH TERR. EAST			STREET ADDRESS	8734 49th Terr. East		
CITY-ST-ZIP	BRADENTON, FL 34211			CITY-ST-ZIP	Bradenton FL 34211		
TITLE	DSW	<input checked="" type="checkbox"/> Delete		TITLE	DSW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MC ADAMS, CHRIS			NAME	Fluharty, Stephen		
STREET ADDRESS	820 DELAWARE AVENUE S.			STREET ADDRESS	2916 Watrous Ave.		
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP	Tampa FL 33629		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERNER, MCIVER			NAME	Berner, McIver		
STREET ADDRESS	3612 GRANADA ST W			STREET ADDRESS	3612 Granada St. W		
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP	Tampa FL 33629		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GILBERT, DONALD			NAME	Hadlow, Richard		
STREET ADDRESS	3301 NAYSHORE BLVD., #2007			STREET ADDRESS	5125 S Nichol St		
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP	Tampa FL 33611		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FLUHARTY, STEPHEN			NAME	Haney, Reid		
STREET ADDRESS	2916 WARROUS AVE.			STREET ADDRESS	3014 Harbor View Ave		
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP	Tampa FL 33611		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Douglas E Remer 1/28/08 813-259-1570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #