

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 16, 2007
Secretary of State**

DOCUMENT# N00000003293

Entity Name: ST. JOHNS ABBEY CHURCH, INC.

Current Principal Place of Business:

431 KENTWOOD CT
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 950458
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 59-3648759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIKLER, PAUL T
144 CROWN COLONY WAY
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MIKLER, PAUL T MR
Address: 144 CROWN COLONY WAY
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: MIKLER, WILLIAM P REV
Address: 431 KENTWOOD COURT
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: WRIGHT, ERIC M REV
Address: 1200 HILLTOP COURT
City-St-Zip: PALM BAY, FL 32909

Title: T () Delete
Name: SIMON, KENYON DEACON
Address: 663 STRATFORD DR.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SIMON KENYON

T

07/16/2007

Electronic Signature of Signing Officer or Director

_____ Date