

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 30, 2009  
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:**

7025 COUNTY RD. 46A SUITE 1071 #318  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 59-3648759      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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: WILLIAM P. MIKLER

TRUS

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date