

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 17, 2012
Secretary of State**

DOCUMENT# N09000001777

Entity Name: ST. JOHN UNITED METHODIST CHURCH OF FORT PIERCE, INC.**Current Principal Place of Business:**302 N 23RD STREET
FT PIERCE, FL 34950**New Principal Place of Business:****Current Mailing Address:**302 N 23RD STREET
FT PIERCE, FL 34950**New Mailing Address:****FEI Number:** 35-2356728**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROWE, DORIS
302 N 23RD STREET
FT PIERCE, FL 34950 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:** TFC
Name: ROWE, DORIS
Address: 3905 AVENUE T
City-St-Zip: FORT PIERCE, FL 34947**Title:** T T
Name: TALLEY, BRADY
Address: 2209 10TH AVE
City-St-Zip: VERO BEACH, FL 32960**Title:** TFS
Name: SHELTON, BERNELL
Address: 5449 NW MOORHEN TRAIL BLDG 4-103
City-St-Zip: PORT ST LUCIE, FL 34986**Title:** TBOT
Name: SIMMS, ORMIN
Address: 413 NORTH 40TH ST.
City-St-Zip: FT PIERCE, FL 34947**Title:** TCC
Name: ROWE, DORIS
Address: 3905 AVENUE T
City-St-Zip: FT PIERCE, FL 34947**Title:** P
Name: WASHINGTON, DAVID T
Address: 2016 GREY FALCON CIRCLE SW
City-St-Zip: VERO BEACH, FL 32962

I hereby 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 all other like empowered.

SIGNATURE: DORIS ROWE

MRS

04/17/2012

Electronic Signature of Signing Officer or Director_____
Date