2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000001777

Apr 17, 2012 Secretary of State

Entity Name: ST. JOHN UNITED METHODIST CHURCH OF FORT PIERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

302 N 23RD STREET FT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

302 N 23RD STREET FT PIERCE, FL 34950

FEI Number: 35-2356728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROWE, DORIS 302 N 23RD STREET FT PIERCE, FL 34950 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:

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: F

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