

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # N14860 (3)

1. Corporation Name
ST. JOHN UNITED METHODIST CHURCH OF SEBRING, INC

Principal Place of Business 3214 GRAND PRIX DRIVE SEBRING FL 33872	Mailing Address 3214 GRAND PRIX DRIVE SEBRING FL 33872
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1986	3a. Date of Last Report 02/16/1994
4. FEI Number 59-6187061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**DUNAHAY, RICHARD L.
2137 BANYAN WAY
SEBRING FL 33872**

10. Name and Address of New Registered Agent

81 Name Thomas W. LENIHAN
82 Street Address (P.O. Box Number is Not Acceptable) 1725 KAREN Blvd
83
84 City Sebring
85 Zip Code FL 33870

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE THOMAS W. LENIHAN *Thomas W. Lenihan* DATE 1-12-95

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUNAHAY, RICHARD L.
STREET ADDRESS	3214 GRAND PRIX DR.
CITY-ST-ZIP	SEBRING FL
TITLE	D
NAME	BIETSCH, WALTER
STREET ADDRESS	3214 GRAND PRIX DR.
CITY-ST-ZIP	SEBRING FL
TITLE	TD
NAME	LOCKRIDGE, DIANA
STREET ADDRESS	1814 ROOSEVELT AVE
CITY-ST-ZIP	SEBRING FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diana K. Lockridge *Diana K. Lockridge* DATE 1/12/95 **813-382-1736**

Signature and typed or printed name of signing officer or director