

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90058 016 \*\*\*\*61.25

0058550

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N14860**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/09/1986

4. FEI Number

59-6187061

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

LENIHAN, THOMAS W.  
 1725 KAREN BLVD.  
 SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE D  
 NAME LOWNSDALE, JACK  
 STREET ADDRESS 5123 LAKEWOOD ROAD  
 CITY-ST-ZIP SEBRING IL

TITLE D  
 NAME BROWN, DEAN  
 STREET ADDRESS 3214 GRAND PRIX DR  
 CITY-ST-ZIP SEBRING FL

TITLE TD  
 NAME TURNER, JANICE  
 STREET ADDRESS 3214 GRAND PRIX DR  
 CITY-ST-ZIP SEBRING FL

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME TD  
 1.3 STREET ADDRESS Spencer, Myrna  
 1.4 CITY-ST-ZIP 1541 Farm Road  
 Sebring, Fl. 33872

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Jack Lownsdale*

Jack Lownsdale, Director

April 5, 1999 941-471-6377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)