


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N14860 1. Entity Name ST. JOHN UNITED METHODIST CHURCH OF SEBRING, INC.	
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Principal Place of Business 3214 GRAND PRIX DRIVE SEBRING FL 33872-2974	Mailing Address 3214 GRAND PRIX DRIVE SEBRING FL 33872-2974
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt #, etc.	Suite, Apt #, etc.	59-6187061	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		Delete
TITLE	D LOWNSDALE, JACK	<input type="checkbox"/>
NAME	5123 LAKEWOOD ROAD	
STREET ADDRESS	SEBRING FL 33872	
CITY-ST-ZIP		
TITLE	D BROWN, DEAN	<input type="checkbox"/>
NAME	3214 GRAND PRIX DR	
STREET ADDRESS	SEBRING FL 33872	
CITY-ST-ZIP		
TITLE	D SPENCER, MYRNA	<input type="checkbox"/>
NAME	1541 FARM RD	
STREET ADDRESS	SEBRING FL 33870	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	U00000048598	<input type="checkbox"/>	<input type="checkbox"/>
NAME	02/12/04-80087-006 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. Dean Brown P. Dean Brown 2-10-04 863-382-1736