


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
RECEIVED 08 08:00 A
 Secretary of State

DOCUMENT # N14860	
1. Entity Name ST. JOHN UNITED METHODIST CHURCH OF SEBRING, INC.	

Principal Place of Business 3214 GRAND PRIX DRIVE SEBRING FL 33872-2974	Mailing Address 3214 GRAND PRIX DRIVE SEBRING FL 33872-2974
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

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. 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 _____ DATE _____
Signature, typed or printed name of registered agent and LLC, if applicable (NOTE: Registered Agent signature is required when registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete LOWNSDALE, JACK 5123 LAKEWOOD ROAD SEBRING FL 33872	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000896558 04/25/08-80012-019 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete SPENCER, MYRNA 1541 FARM RD SEBRING FL 33870	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete DEGENARO, RONALD JR 3214 GRAND PRIX DR SEBRING FL 33872-2974	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete FARMER, RICHARD 6110 LAKE FRONT DR SEBRING FL 33876	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Richard R. Farmer* Richard R Farmer 04/11/08 363-382-1736