

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90843 016 \*\*\*\*61.25

**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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-6187061**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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
<b>D LOWNSDALE, JACK 5123 LAKEWOOD ROAD SEBRING FL 33872</b>	<input type="checkbox"/>		
<b>D BROWN, DEAN 3214 GRAND PRIX DR SEBRING FL 33872</b>	<input type="checkbox"/>		
<b>D SPENCER, MYRNA 1541 FARM RD SEBRING FL 33870</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: **SIG. REQUIRED** **Dean Brown, Director 2-12-03 863-382-1736**

CR2E037 (10/02)