

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N35869	
1. Entity Name ST. JOHNS OF COTTON PLANT UNITED METHODIST CHURCH, INC.	
Principal Place of Business 12390 CTY. RD. 328 N.W. OCALA, FL 34482	Mailing Address 12390 CTY RD 328 N.W. OCALA, FL 34482



DO NOT WRITE IN THIS SPACE

02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2988197	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TIMNEY, TERRY
12390 CTY ROAD 328 NW
OCALA, FL 34482

**DO NOT WRITE
IN THIS SPACE**

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)

U000000240341
02/23/05-80027-008 61.25
DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

\$61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	STORMANT, MARY ELLA
STREET ADDRESS	655 SW 125TH AVE.
CITY-ST-ZIP	OCALA, FL 344811217

TITLE	D
NAME	PETER BRADBURY
STREET ADDRESS	18 LAKE VIEW DR
CITY-ST-ZIP	OCALA, FL

TITLE	PD
NAME	TIMNEY, TERRY
STREET ADDRESS	8940 S.W. 8TH STREET
CITY-ST-ZIP	OCALA, FL 34482

TITLE	D
NAME	NORMA HOLMES
STREET ADDRESS	12 MEADOW WOOD DR
CITY-ST-ZIP	OCALA, FL

TITLE	D
NAME	RICHARD WILLIAMSON
STREET ADDRESS	11575 NW 15TH LANE
CITY-ST-ZIP	OCALA, FL

TITLE	D
NAME	POTTER, MICHAEL
STREET ADDRESS	2442 SE 5TH CIRCLE 3
CITY-ST-ZIP	OCALA, FL 34471

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mary Ella Stormant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-05
Date

352-237-8379
Daytime Phone #