

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 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



07022006 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2988197

Applied For
Not Applicable

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

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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)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

07/07/06 08:00:15-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Ella Stormant, Mary Ella Stormant 6-5-06, 352-237-8379