


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 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
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2988197	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	61.25
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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

**DO NOT WRITE
IN THIS SPACE**

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04/27/07-80057-008 61.25

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: Mary Ella Stormant (Mary Ella Stormant) 4-15-07 352-237-8379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #