


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90197 023 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2988197	
Zip		Country		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				7. Name and Address of New Registered Agent Name: <u>Isadore Verge</u> Street Address (P.O. Box Number is Not Acceptable): <u>12390 Cty Road 328 NW</u> City: <u>Ocala</u> <u>FL</u> Zip Code: <u>34482</u>	
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 <u>Isadore Verge</u> <small>Signature, typed or printed name of registered agent, or title if applicable.</small>			DATE <u>2-29-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STORMANT, MARY ELLA		NAME		
STREET ADDRESS	655 SW 125TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344811217		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETER BRADBURY		NAME		
STREET ADDRESS	18 LAKE VIEW DR		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TIMNEY, TERRY		NAME	C/O Isadore Verge	
STREET ADDRESS	8940 S.W. 8TH STREET		STREET ADDRESS	7730 SW 10th Street	
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NORMA HOLMES		NAME	S Elaine Ritzer	
STREET ADDRESS	12 MEADOW WOOD DR		STREET ADDRESS	11485 NW 11th Place	
CITY-ST-ZIP	OCALA, FL		CITY-ST-ZIP	Ocala, FL 34482-3733	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARD WILLIAMSON		NAME		
STREET ADDRESS	11575 NW 15TH LANE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POTTER, MICHAEL		NAME	D Carl E. Stormant	
STREET ADDRESS	2442 SE 5TH CIRCLE 3		STREET ADDRESS	655 SW 125th Ave	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP	Ocala, FL 34481-1217	
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: <u>Mary Ella Stormant</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-29-08</u> Daytime Phone # <u>352-237-8379</u>		