


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90300 036 ****61.25

DOCUMENT # N41559 1. Entity Name SAINT JOHN THE APOSTLE, METROPOLITAN COMMUNITY CHURCH, INC.					
Principal Place of Business 3049 MCGREGOR BLVD FORT MYERS, FL 33901 US				Mailing Address P O BOX 6779 FT MYERS, FL 33911 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FILIZZI, STEPHEN REV 3049 MCGREGOR BLD FORT MYERS, FL 33901				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FILIZZI, STEPHEN 3049 MCGREGOR BLVD FORT MYERS, FL 33901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSERLY, MARILYN 537 SW 52ND ST CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, ROSS 16951 SLATER RD NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, ROBERT 205 BAYSHORE DR CAPE CORAL, FL 339045810 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAUTEL, KAREN 1345 MORNINGSIDE DR FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHARBROUGH, JON 1615 RED CEDAR DR, APT 11 FORT MYERS, FL 339077618 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: DAVID D SAMSON, Treasurer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/05 239-344-0012 <small>Date Daytime Phone #</small>		

ATTACHMENT
#N41559

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**Supplemental Information for Block 11
Additions to officers and directors in 10**

Title:	D	----- Addition -----
Name:	Chason, Phyllis	
Street Address:	375 Santa Fe Trail	
City-St-Zip:	No. Fort Myers, FL 33917-3062	

Title:	D	Addition
Name:	Hall, Cathy	
Street Address:	9127 Morris Road	
City-St-Zip:	Fort Myers, FL 33912-3245	

Title:	D	Addition
Name:	Jackson, Jodi	
Street Address:	8392 Lemon Road	
City-St-Zip:	Fort Myers, FL 33912-2652	

Title	D	Addition
Name:	Mericle, Bruce	
Street Address:	3801 Ponytail Palm Ct	
City-St-Zip:	No. Fort Myers, FL 33917-2067	

Title:	T	Addition
Name:	Samson, David D	
Street Address	19346 Congressional Court	
City-St-Zip:	No. Fort Myers, FL 33903-6663	