## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002868

FILED Jan 24, 2006 Secretary of State

Entity Name: ST. JOHN CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	ELL STREET BEACH, FL	32114			
Current Mailing Address:			New Mailing Address:		
	OL STREET BEACH, FL (	32114			
FEI Number:	05-0019706	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
5412 WAC	N, DOROTHY HULA COUR ), FL 32839				
The above in the State		submits this statement for the	e purpose of changing it	s registered	d office or registered agent, or both,
SIGNATUF	RE:				
	Electror	nic Signature of Registered A	gent		Date
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	* .		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	STES ( RUSS, IWILLA 936 MARIAN S DAYTONA BEA		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MIN ( RUSS, JOHNN' 936 MARIAN S DAYTONA BEA	TREET	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	( )	) Delete	Title: Name: Address: City-St-Zip:	ANDERSON, 5412 WACH	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRO. TYREE ANDERSON STEW 01/24/2006