

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002868

1. Entity Name
**ST. JOHN CHRISTIAN METHODIST EPISCOPAL
CHURCH, INC.**



Principal Place of Business
**701 VERDELL STREET
DAYTONA BEACH, FL 32114**

Mailing Address
**419 SCHOOL STREET
DAYTONA BEACH, FL 32114**

DO NOT WRITE IN THIS SPACE



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0019706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WALKER, SR., FREEMAN REV.
980 W. 6TH STREET
ST. AUGUSTINE, FL 32085**

**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 _____

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000817872
02/15/08-80021-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST WALKER, SR., FREEMAN REV. 980 W. 6TH STREET ST. AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STES RUSS, IWILLA 936 MARIAN STREET DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEW FLETCHER, ORRIS 421 SCHOOL STREET DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS STEPHENS, DAVID 824 MARION STREET DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Rev. Freeman Walker, Sr. 2-2-08 (904)824-1531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #