

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001777

**Entity Name:** ST. JOHN UNITED METHODIST CHURCH OF FORT PIERCE, INC.

**FILED**  
**Mar 16, 2016**  
**Secretary of State**  
**CC4692337618**

**Current Principal Place of Business:**

302 N 23RD STREET  
FT PIERCE, FL 34950

**Current Mailing Address:**

9015 AMERICANA RD  
SUITE 4  
VERO BEACH, FL 32966-6668 US

**FEI Number: 35-2356728**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MOXLEY, PATRICIA L  
9015 AMERICANA RD  
SUITE 4  
VERO BEACH, FL 32966-6668 US

*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.*

**SIGNATURE: PATRICIA L MOXLEY**

**03/16/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BURKE, MARTA REV  
Address 10100 SE FEDERAL HWY  
City-State-Zip: HOBE SOUND FL 33455-4834  
  
Title OFFICER  
Name ZILLMAN, MARCUS REV  
Address 625 NE MIZNER BLVD  
City-State-Zip: BOCA RATON FL 33432-2703

Title SECRETARY  
Name MOXLEY, PATRICIA L  
Address 9015 AMERICANA RD  
SUITE 4  
City-State-Zip: VERO BEACH FL 32966-6668

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICIA L MOXLEY**

**SECRETARY**

**03/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date