FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

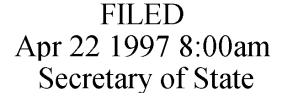
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

(8)

GRACE UNITED METHODIST CHURCH OF LAKE MARY, INC.





Principal Place of Business Mailing Address 499 N COUNTRY CLUB RD 499 N COUNTRY CLUB RD LAKE MARY FL 32746-4230 LAKE MARY FL 32746-4230									
DAKE WART TE	061707400	CHIE MINITE SELVE NEW	•			3. Date Incorporated or Qualified 03/24/1983	3a. Date	of Last R /25/199	eport 96
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number NOT APPLICABLE	Applied For Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	XXI \$8.75 Additional Fee Required		
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution				
Zip 24	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered Ag	ent	
				81	Name				
WHIGHAM, FRANK C., ESQ. 200 W. FIRST STREET, P. O. BOX 1330				82	Street A	Address (P.O. Box Number is Not Acceptable)			
SANFOR	ND FL 32771		ļ	84	City			or Zin	Codo
ĺ			ľ	•	City		FL	85 Zip (Code
office or r agent. I a	to the provisions of Sections 617.05(egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized	d by	named the corp	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of ch of the appoin	anging it tment as	s registered registered
SIGNATURE:	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered	Agen	t signature	equired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			IS IN 12
THTLE	T	☐ DELETE	1.1 10	î.E	- 1		L	Change	■ Addition
NAME	SLABACK, ARLOUINE R		1.2 NA	ME					
STREET ADDRESS	206 TEMPLE DRIVE				address				
CITY-ST-ZIP	SANFORD FL	DELETE	1.4 CI		-ZIP			Change	Addition
TITLE	D ADAOK HADIEN			TITLE		L	1 Criange		
NAME	SLABACK, HARLEY		2.2 NA						
STREET ADDRESS	206 TEMPLE DRIVE SANFORD FL		2.3 STREET ADO		1				
CITY-ST-ZIP TITLE	D D			LE	1 - ZIP	SD	īv	Change	Addition
NAME	T			l ' ' ' '		Christine Wilt	**) Onlingo	
STREET ADDRESS	-125 BURNS AVE.		3.3 STR		ADORESS	200 Hurst Ct.			•
CITY-\$1-ZIP	LONGWOOD FL		3.4. CITY-			Lake Mary Fl. 32746			
TITLE	SD	DELETE	4.1 TIT			D	¥	Change	Addition
NAME	-DIENER, PETE-	• -	4.2 N	AME	\	Martha Noll	Λ.		ļ
STREET ADDRESS	416 TANGELO DRIVE		4.3 ST	REET A	ADDRESS	120 Spreading Oaks Ot.			
CITY-ST-ZIP	SANFORD FL		4.4 Cf	TY-ST	-ZIP	Sanford, FL 32773			
TITLE	S	☐ DELETE	5.1 TIT	ΊE		CELLULUY EN CONTRO		Change	Addition
NAME .	TAYLOR, CYNTHIA		5.2 NA	ME	ĺ				
STREET ADDRESS	115 BENT OAK CIRCLE		5.3 ST	REET A	ADDRESS				
CITY - ST - ZIP	SANFORD FL		5.4 CI	IY-ST	- ZIP				
TITLE	PD	☐ DELETE	6.1 TIT]			Change	Addition
NAME	UNDERWOOD, ANTHONY		6.2 NA	ME	ļ				i
STREET ADDRESS	308 OAKWOOD COURT		6.3 ST	REET A	N ODRESS				
DITY-ST-ZIP	LAKE MARY FL		6.4 CIT	ry-st	-ZIP	140.07/2\(0) 51-141.00			

I do 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 annual report of supplemental annual 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 optiopration by the regiment of the true of the true of the component of

4-15-97

Daytime Phone # 0013929