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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767663** **(8)**

1. Corporation Name
GRACE UNITED METHODIST CHURCH OF LAKE MARY, INC.

Principal Place of Business	Mailing Address
499 N COUNTRY CLUB RD LAKE MARY FL 32746-4230	499 N COUNTRY CLUB RD LAKE MARY FL 32746-4230

3. Date Incorporated or Qualified: **03/24/1983**
3a. Date of Last Report: **03/25/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WHIGHAM, FRANK C., ESQ.
200 W. FIRST STREET, P. O. BOX 1330
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLABACK, ARLOUINE R		1.2 NAME		
STREET ADDRESS	206 TEMPLE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SLABACK, HARLEY		2.2 NAME		
STREET ADDRESS	206 TEMPLE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~SCHATZ, TOM~~		3.2 NAME	Christine Wilt	
STREET ADDRESS	~~125 BURNS AVE~~		3.3 STREET ADDRESS	200 Hurst Ct.	
CITY-ST-ZIP	~~LONGWOOD FL~~		3.4 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	SD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~DIENER, PETE~~		4.2 NAME	Martha Noll	
STREET ADDRESS	416 TANGELO DRIVE		4.3 STREET ADDRESS	120 Spreading Oaks Ct.	
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP	Sanford, FL 32773	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, CYNTHIA		5.2 NAME		
STREET ADDRESS	115 BENT OAK CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	UNDERWOOD, ANTHONY		6.2 NAME		
STREET ADDRESS	308 OAKWOOD COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. 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 or 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 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] REQUIRED 4-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013929