2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State
05-29-2001 90007 019 ****61.25

0023179

DOCUMENT # 767663

1. Entity 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

660682

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SLABACK, ARLOUINE R 206 TEMPLE DRIVE SANFORD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAPE, DEBORAH C 102 MARTA RD DEBARY FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Earl, Patricia 312 Cedar Ave New Smyrna Beach FL 32169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILT, CHRISTINE 200 HURST CT. LAKE MARY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Shearer, Don 609 E 29th St Sanford FL 32773	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UNDERWOOD, HOLLY 308 OAKWOOD CT LAKE MARY FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cline, Bill 615 Timerlane Dr Lake Mary FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAISLER, ROBERT B 327 SPRINGVIEW DR SANFORD FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, JAMES 180 W CRYSTAL LAKE MARY FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Baldus, Cindy 103 Woodfield Ct Sanford FL 32773	☐ Change ☒ Addition

CR2E037 (10/00)

12. *I 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 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: Arlouine R Slaback Arlouine Slaback 5/21/01 407-322-1472
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING OFFICER OR DIRECTOR