# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 28, 2002 8:00 am**
**Secretary of State**
05-28-2002 91625 047 ****61.25

DOCUMENT # 767663

1. Entity Name

GRACE UNITED METHODIST CHURCH OF LAKE MARY, INC.

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

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 Don Shearer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 5/01/2002

**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<br>SLABACK, ARLOUINE R<br>206 TEMPLE DRIVE<br>SANFORD FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>EARL, PATRICIA<br>312 CEDAR AVE.<br>NEW SMYRNA BEACH FL 32169 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Przonek, Patricia<br>31338 Wekiva River Rd<br>Sorrento, FL 32776<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SHEARER, DON<br>609 E. 29TH ST.<br>SANFORD FL 32773 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLINE, BILL<br>615 TIMBERLAND DR.<br>LAKE MARY FL 32746 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RAISLER, ROBERT B<br>327 SPRINGVIEW DR<br>SANFORD FL 32773 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Cherril McMillian<br>1038 Winding Waters Circle<br>Winter Springs, FL. 32708<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BALDUS, CINDY<br>103 WOODFIELD CT.<br>SANFORD FL 32773 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Donald A Shearer SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 Date

407 323 7508 Daytime Phone #