2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90028 050 ****70.00

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

MOORE CR2E037 (11/03)

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 NO-T 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 David R. Grace, Esq.
Street Address (P.O. Box Number is Not Acceptable) 459 Hampton Crest Cir. #303
City Lake Mary FL Zip Code 32746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David R. Grace 1/28/04

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
Due By May 1, 2004

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

Make Check Payable to Florida 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	S Vicki Sorenson 200 ARCHERS POINT LONGWOOD, FL 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PRZONEK, PATRICIA 31338 WEKIVA RIVER RD. SORRENTO FL 32776	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hugh Cazel POBOX 5214 WINTER PARK, FL 32793	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHEARER, DON 609 E. 29TH ST. SANFORD FL 32773	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Earl Blevins 1028 HIGH POINT LOOP LONGWOOD, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLINE, BILL 615 TIMBERLAND DR. LAKE MARY FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joe Moody 311 BENT WAY LANE LAKE MARY, FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMILLIAN, CHERRIL 1038 WINDING WATERS CIR. WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDUS, CINDY 103 WOODFIELD CT. SANFORD FL 32773	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1/28/04 407 321-1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #