

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 499 N COUNTRY CLUB RD LAKE MARY FL 32746-4230	Mailing Address 499 N COUNTRY CLUB RD LAKE MARY FL 32746-4230
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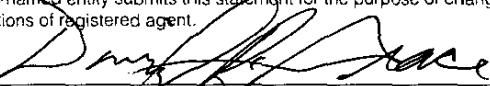
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

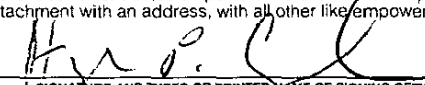
4. FEI Number NO-T APPLICABLE		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

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) 457 Hampton Crest Cir. # 303 City Lake Mary FL Zip Code 32746	
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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  DATE 1/28/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SLABACK, ARLOUINE R 206 TEMPLE DRIVE SANFORD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 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 Cazal PO BOX 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: 	DATE 1/28/04 DAYTIME PHONE # 407 322-1472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	