## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

Varr

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Secrétary of State **DOCUMENT #767663** 07-20-2005 90026 016 \*\*\*\*70.00 GRACE UNITED METHODIST CHURCH OF LAKE MARY. Principal Place of Business Mailing Address 499 N COUNTRY CLUB RD 499 N COUNTRY CLUB RD LAKE MARY, FL 32746-4230 LAKE MARY, FL 32746-4230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07142005 Cha-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRACE, DAVID R ESQ Street Address (P.O. Box Number is Not Acceptable) 459 HAMPTON CREST CIR. #303 SANFORD, FL 32771 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stonaure typed or printed narr (NQTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE SLABACK, ARLOUINE R Harley Vann NAME NAME STREET ADDRESS 206 TEMPLE DRIVE 220 Lakeview Drive STREET ADDRESS SANFORD, FL CITY-ST-ZIP CITY-ST-ZIP Sanford, FL 32773 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME SOREASON, VICKI NAME STREET ADDRESS 200 ARCHERS POINT STREET ADDRESS SORRENTO, FL 32776 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CAZEL, HUGH NAME Jay Ammon STREET ADDRESS P.O. BOX 5214 STREET ADDRESS 3246 Lakeview Oaks Drive WINTER PARK, FL 32793 CITY-ST-ZIP CITY-ST-ZIP Longwood, FL 32779 TITLE Delete TITI F Change ☐ Addition BLEVINS, EARL NAME STREET ADDRESS 1028 HIGH POINT LOOP STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition MCMILLIAN, CHERRIL NAME Michele Terry 1038 WINDING WATERS CIR. STREET ADDRESS STREET ADDRESS 668 Mourning Dove Circle CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP <u>ake Marv. FL 32746</u> ☐ Delete TITLE [□ Change ☐ Addition MOODY, JOE NAME NAME 311 BENT WAY LANE STREET ADDRESS STREET ADDRESS LAKE MARY, FL 32746 CITY-ST-7IP 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.

FILED Jul 20, 2005 8:00 am

7/17/05 407-323-8243
Date Daytime Phone #