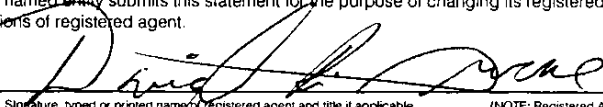
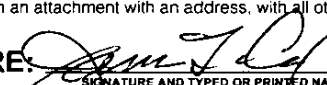


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90203 040 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRACE, DAVID R ESQ 459 HAMPTON CREST CIR. #303 SANFORD, FL 32771			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.			DATE 4/16/07 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	☒ Delete	TITLE	D	☐ Change ☐ Addition
NAME	MOODY, JOE		NAME	Wharff, Ed	
STREET ADDRESS	311 BENT WAY LANE		STREET ADDRESS	398 Mohave Ter Lake Mary, FL 32746	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	S	☒ Delete	TITLE	S	☐ Change ☐ Addition
NAME	SOREASON, VICKI		NAME	Vicki Sorenson	
STREET ADDRESS	200 ARCHERS POINT		STREET ADDRESS	200 Archers Point Longwood, FL 32779	
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	☒ Delete	TITLE	P	☐ Change ☐ Addition
NAME	COX, JIM		NAME	Cox, Jim	
STREET ADDRESS	180 W CRYSTAL LAKE AVE		STREET ADDRESS	774 Pond View Ct. Lake Mary, FL 32746	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☐ Addition
NAME	BLEVINS, EARL		NAME	Ammon, Jay	
STREET ADDRESS	1028 HIGH POINT LOOP		STREET ADDRESS	3246 Lakeview Oaks Dr. Longwood, FL 32779	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☐ Addition
NAME	BLEDSON, TERRY		NAME	Terry Bledsoe	
STREET ADDRESS	108 W CRYSTAL DR		STREET ADDRESS	108 Crystal Drive Sanford, FL 32773	
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☐ Addition
NAME	BROADWAY, LOU		NAME	Jacki Varrone	
STREET ADDRESS	3401 WHIPPOORWILL CT		STREET ADDRESS	672 Brookfield Loop Lake Mary, FL 32746	
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP	LAKE MARY, FL 32746	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 3/18/07 407-718-6894C Date Daytime Phone #		