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	Mailing Address
499 N COUNTRY CLUB RD LAKE MARY, FL 32746-4230	499 N COUNTRY CLUB RD LAKE MARY, FL 32746-4230

02202007 Chg-NP CR2E037 (12/06)

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 ☐ Applied For ☐ 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 _____ 4/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOODY, JOE 311 BENT WAY LANE LAKE MARY, FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wharff, Ed 398 Mohave Ter Lake Mary, FL 32746 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOREASON, VICKI 200 ARCHERS POINT SORRENTO, FL 32776	☒ 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	~~D~~ P COX, JIM 180 W CRYSTAL LAKE AVE LAKE MARY, FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Cox, Jim 774 Pond View Ct. Lake Mary, FL 32746 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLEVINS, EARL 1028 HIGH POINT LOOP LONGWOOD, FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ammon, Jay 3246 Lakeview Oaks Dr. Longwood, FL 32779 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLEDSOE, TERRY 108 W CRYSTAL DR SANFORD, FL 32773	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Terry Bledsoe 108 Crystal Drive Sanford, FL 32773 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROADWAY, LOU 3401 WHIPPOORWILL CT SANFORD, FL 32773	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jacki Varrone 672 Brookfield Loop Lake Mary, FL 32746 ☐ Change ☐ Addition

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: _____ JAMES L. Cox 3/18/07 407-718-6894(C)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #