## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#767663** 

Title:

Name:

Address:

City-St-Zip:

FILED Jan 29, 2008 Secretary of State

Entity Name: GRACE UNITED METHODIST CHURCH OF LAKE MARY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 499 N COUNTRY CLUB RD LAKE MARY, FL 327464230 **Current Mailing Address: New Mailing Address:** 499 N COUNTRY CLUB RD LAKE MARY, FL 327464230 FEI Number: 59-6140311 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRACE, DAVID R ESQ 459 HAMPTON CREST CIR. #303 SANFORD, FL 32771 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition WHARFF, ED WHARFF, ED Name: Name: 398 MOHAVE TER Address: 398 MOHAVE TER Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 Title: Title: ( ) Delete () Change () Addition SORENSON, VICKI Name: Name: Address: 200 ARCHERS POINT Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition COX, JIM COX, LADYE Name: Name: 774 POND VIEW CT 774 POND VIEW CT Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 ( ) Delete (X) Change ( ) Addition Title: D Title: Name: YAL NOMMA Name: CHATMAN, MIKE 3246 LAKEVIEW OAKS Address: Address: 119 ESTATES CIRCLE City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: (X) Change ( ) Addition BLEDSOE, TERRY JOHNSON, SHERRI Name: Name: 108 CRYSTAL DRIVE 436 HILLSDALE COURT Address: Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VICKI SORENSON S 01/29/2008

() Delete

VARRONE, JACKI

672 BROOKFIELD LOOP

LAKE MARY, FL 32746

(X) Change ( ) Addition

WILLIAMS, NANCY

305 LITTLE SPRINGS LANE LONGWOOD, FL 32750