2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 767663

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

Current Principal Place of Business:

499 N COUNTRY CLUB RD
LAKE MARY, FL 327464230

New Principal Place of Business:

Current Mailing Address:

499 N COUNTRY CLUB RD
LAKE MARY, FL 327464230

New Mailing Address:

FEI Number: 59-6140311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRACE, DAVID R ESQ
459 HAMPTON CREST CIR.
#303
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Title:	C	( ) Delete
Name:	WHARFF, ED	
Address:	398 MOHAVE TER	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	S	( ) Delete
Name:	SORENSON, VICKI	
Address:	200 ARCHERS POINT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	C	( ) Delete
Name:	COX, LADYE	
Address:	774 POND VIEW CT	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	P	( ) Delete
Name:	CHATMAN, MIKE	
Address:	119 ESTATES CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	T	( ) Delete
Name:	JOHNSON, SHERRI	
Address:	436 HILLSDALE COURT	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	C	( ) Delete
Name:	WILLIAMS, NANCY	
Address:	305 LITTLE SPRINGS LANE	
City-St-Zip:	LONGWOOD, FL 32750	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	COOPER, JANE	
Address:	119 ESTATES CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	T	(X) Change ( ) Addition
Name:	JOHNSON, SHERRI	
Address:	217 S. SHIRLEY AVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	C	(X) Change ( ) Addition
Name:	YDE, CASSIE	
Address:	294 W. SABAL PALM PLACE	
City-St-Zip:	LONGWOOD, FL 32779	

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.

SIGNATURE: VICKI R. SORENSON S 04/15/2009

Electronic Signature of Signing Officer or Director — Date