

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90091 015 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41780**

1. Corporation Name

**GRACE UNITED METHODIST CHURCH, INC.**

Principal Place of Business

HIGHWAY 225  
POST OFFICE BOX 226  
LAWTEY FL 32058

Mailing Address

HIGHWAY 225  
POST OFFICE BOX 226  
LAWTEY FL 32058

84256-90091-15



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/23/1991
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3187572
24 Country	30 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**WILLIAMS, BETTY**  
HIGHWAY 225  
LAWTEY FL 32058

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAINWRIGHT, DOC	1.2 NAME	
STREET ADDRESS	6295 KINGSLEY LAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BETTY	2.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 370	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAWTEY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUFORD, DAVE	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 13 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAWTEY FL	3.4 CITY-ST-ZIP	
TITLE	TR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETIPRIN, ED	4.2 NAME	
STREET ADDRESS	RT. 1 BOX 17	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAWTEY FL	4.4 CITY-ST-ZIP	
TITLE	TR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JEANNE	5.2 NAME	
STREET ADDRESS	P.O. BOX 188 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAWTEY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUFORD, LUCILLE	6.2 NAME	
STREET ADDRESS	POST OFFICE BOX 282 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAWTEY FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edward J. Petiprin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99 904 7821429  
Date Daytime Phone #

CR2E037 (11/98)