

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009389

Entity Name: GRACE UNITED METHODIST CHURCH OF PLANT CITY, INC.**Current Principal Place of Business:**1801 E CHERRY ST
PLANT CITY, FL 33563**Current Mailing Address:**1801 E CHERRY ST
PLANT CITY, FL 33563**FEI Number: 59-2699484****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FALANY, SYLVIA
1801 E CHERRY ST
PLANT CITY, FL 33563 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**Officer/Director Detail :**

Title	CT
Name	COWEN, RAY
Address	1507 PADDOCK DR
City-State-Zip:	PLANT CITY FL 33567

Title	M
Name	YANCEY, GRACE
Address	1203 SOUTH HOWARD STREET
City-State-Zip:	PLANT CITY FL 33563

Title	M
Name	WRIGHT, CAROL
Address	1506 WEST WILLIS ST
City-State-Zip:	PLANT CITY FL 33563

Title	M
Name	FALANY, SYLVIA
Address	1112 NANCY TERRACE
City-State-Zip:	PLANT CITY FL 33563

Title	M
Name	BREWSTER, DAVID
Address	2703 KALA LANE
City-State-Zip:	PLANT CITY FL 33563

Title	M
Name	HOUCK, JOHN
Address	416 HUMMINGBIRD PLACE
City-State-Zip:	PLANT CITY FL 33565

Title	PASTOR
Name	PHILLIPS, FREDERICK B
Address	1801 E CHERRY ST
City-State-Zip:	PLANT CITY FL 33563

I hereby 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 all other like empowered.

SIGNATURE: FREDERICK PHILLIPS**PASTOR****03/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date