2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711130

FILED May 19, 2006 Secretary of State

Entity Name: GRAY MEMORIAL UNITED METHODIST CHURCH, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | New Principal Place of Business: | |
|--|---|--|----------------------------------|--|
| | BAINBRIDGE RD. SSEE, FL 32303 | | | |
| Current M | ailing Address: | New Mailing Address: | | |
| | BAINBRIDGE RD. SSEE, FL 32303 | | | |
| In accordan | 59-1720253 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did | • | | |
| Name and | Address of Current Registered Agent: | Name and Address of New Registered Age | ent: | |
| | JOHN OTTOM MANOR SSEE, FL 32312 US | | | |
| | named entity submits this statement for the of Florida. | e purpose of changing its registered office or registered ag | ent, or both, | |
| SIGNATU | RE: | | | |
| | Electronic Signature of Registered | Agent Date | | |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | S () Delete ADAMS, SAM 1906 E. NELSON TALLAHASSEE, FL 32303 | Title: ()Change ()Addition Name: Address: City-St-Zip: | | |
| Title: Name: Address: | T () Delete ROGERS, JOHN 6024 OX BOTTOM MANOR DRIVE TALLAHASSEE, FL 32312 | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| | | Oity Ot Zip. | | |
| City-St-Zip: Title: Name: Address: | C () Delete HUTCHISON, MICHAEL 1941 SETTING SUN TRAIL TALLAHASSEE, FL 32303 | Title: () Change () Addition Name: Address: City-St-Zip: | | |
| City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | HUTCHISON, MICHAEL 1941 SETTING SUN TRAIL | Title: () Change () Addition Name: Address: | | |
| City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: | HUTCHISON, MICHAEL 1941 SETTING SUN TRAIL TALLAHASSEE, FL 32303 T () Delete EDDIE, BILL 6327 PLACID PLACE | Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: | | |

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN ROGERS R 05/19/2006