

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711130

FILED
Mar 06, 2007
Secretary of State

Entity Name: GRAY MEMORIAL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2201 OLD BAINBRIDGE RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2201 OLD BAINBRIDGE RD.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-1720253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, JOHN
6024 OX BOTTOM MANOR
TALLAHASSEE, FL 32312 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: S () Delete
Name: ADAMS, SAM
Address: 1906 E. NELSON
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: ROGERS, JOHN
Address: 6024 OX BOTTOM MANOR DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: C () Delete
Name: HUTCHISON, MICHAEL
Address: 1941 SETTING SUN TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: EDDIE, BILL
Address: 6327 PLACID PLACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: PEARCE, BARBARA
Address: 331 MILESTONE DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: TT () Delete
Name: WALTHER, BRUCE
Address: 2651 BRENTSHIRE DR.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: HUTCHISON, MICHAEL
Address: 4380 SHERBORNE RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: T (X) Change () Addition
Name: EDDY, BILL
Address: 6327 PLACID PLACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAM ADAMS

S

03/06/2007

Electronic Signature of Signing Officer or Director

Date