

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 711135 (4)**

1. Corporation Name

**GRACE UNITED METHODIST CHURCH OF ORLANDO, INC.**



Principal Place of Business

Mailing Address

4845 SILVER STAR RD.  
ORLANDO FL 32806  
US

4845 SILVER STAR ROAD  
ORLANDO FL 32808

3. Date Incorporated or Qualified  
**07/01/1966**

3a. Date of Last Report  
**02/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FALLMAN JR, FRED W.  
5608 LEJEUNE DR  
ORLANDO FL 32808

81 Name

JOHN PAINTER

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

4841 PAT ANN TERRACE

83

84 City

ORLANDO

FL

85 Zip Code  
32808

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 617.0703, Florida Statutes.

SIGNATURE

*John Painter*

(Not to be Registered Agent signature returned when re-stating)

3-26-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COOK, KEN	
STREET ADDRESS	531 WOODLAWN CEMETARY RD.	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FALLMAN, FRED W., JR.	
STREET ADDRESS	5608 LEJEUNE DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ADAMS, LISA	
STREET ADDRESS	3921 ROBBINS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANDEFUR, JACK	
STREET ADDRESS	5573 WESTFIELD ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARROWMAN, JOE	
STREET ADDRESS	2450 RECTOR AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRETHER, TOM	
STREET ADDRESS	1742 LIMWOOD LN	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK SANDEFUR	
1.3 STREET ADDRESS	5513 WESTFIELD DRIVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	T	
2.2 NAME	JOHN PAINTER	
2.3 STREET ADDRESS	4841 PAT ANN TERRACE	
2.4 CITY-ST-ZIP	ORLANDO, FL 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	900001764169	
3.3 STREET ADDRESS	-04/01/96--01026--010	
3.4 CITY-ST-ZIP	***61.25	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CONNIE WEAKE	
4.3 STREET ADDRESS	2816 SHERINGHAM ROAD	
4.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32808	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KEITH KLINGENSMITH	
5.3 STREET ADDRESS	5212 VAN AKEN DRIVE	
5.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32808	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARIANNE DANIEL	
6.3 STREET ADDRESS	4678 MIRANDA CIRCLE	
6.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32818	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Lisa Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA ADAMS, SECRETARY

Date:

295-6723

Daytime Phone #

3-30-96

CR2E037 (12/95)