FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 711135

(4)

GRACE UNITED METHODIST CHURCH OF ORLANDO, INC.

GINIOL GIVILLE HELITOSIS. CITCHON OF GILLINGS HO.													
Pr	incipal Place o	of Business		Mailing	Mailing Address						DII BIDR DI		
4845 SILVER STAR RD. ORLANDO FL 32808					4845 SILVER STAR ROAD ORLANDO FL 32808								
US									3. Date Incorporated or Qualified 07/01/1966				
2	Principal Pla	ce of Busine	ss	2a. Ma	2a. Mailing Address				4. FEI Number		Ar	polied For	
21				26					59-1295843			ot Applicable	
	Suite, Apt. #, etc.			-	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
22	City & State				City & State			-	6. Election Campaign Financing		-	May Be	
23	,	, a siete			28				Trust Fund Contribution		•	to Fees	
	Zip		Country	Zip) ····		untry		8. This corporation has liability for			199.032,	
24	25			29	<u> </u>				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent									10. Name and Address of New Negistere Agent				
								1	OHN PAINTER				
FALLMAN JR, FRED W.							82 Street	d Addies	S.(P.O. Box Number is Not Acceptate 841 PAT ANN TERRACT	HC) =			
5608 LEJEUNE DR							83	4	841 PALANN TERRACI				
ļ	ORLAND	O FL 3280	3										
]							84 City		OR LANDO	FL	85 Zip 32	Code 2808	
 1	1. Pursuant to	the provision	ons of Sections 617.0	502 and 617.15	508, Florida Stalu	ites, the al	ove named	corporat	the state of the s	pose of chang		gistered office	
or registered agent, or both, in his State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as registered a fine to the property of the corporation of the corpo												agent. i anii	
$1 \qquad 1 \qquad$													
SIGNATURE Signature, typical or printed name of registeroid agent and little if applicable (NO*E Re.							od Agent signatur	e required v	dieni rea stating)	DATE			
1	2.	/	OFFICERS	AND DIRECTO		13			ADUIT ONS CHANGES TO OFF			15 (% 12/ ☐ Addition	
1	TLE	P	aders 1		DELETE		TITLE	PR	RESIDENT	XX	Change	☐ Addition	
1	AME	COOK, I		-DU DD			NAME	JA	CK SANJEFUR				
1	TREET ADDRESS		ODLAWN CEMETA	NHY KU.			STREET ADDRESS	55	13 WESTFIELD DRIVE			ļ	
-	TLE	WINTER	GARDEN FL		E OELETE		CITY-ST-ZIP TITLE	- O F	!LANDO, FL 32808	73	Change	Add:tion	
1	AME	EALLMA	N, FRED W., JR.		AA		NAME	Τ,	IOHN PAINTER		_		
	TREET ADDRESS		JEUNE DR.				STREET ADDRESS		1841 PAT ANN TERRACI	E			
1	ITY-ST-ZIP	ORLAND	. — .				CITY - ST - ZIP	l l	RLANDO, FL 32808	-			
-	TLE	S			DELETE		TITLE	`	ALMINO, IL JEGO		Change	☐ Addition	
N	AME	ADAMS.	LISA			3.2	NAME		90000176	541E	9		
S	TREET ADDRESS	3921 RC	BBINS AVE.			3 3	STREET ADDRES	s	-04/01/96010				
C	iTY-ST-ZIP	ORLAND	00 FL				CHY-ST-ZIP		***81.25	./ern	01	□ 1 4445	
T	ITLE	D			DELETE	4 1	TITLE	D		XXJ	Change	Addition	
٨	AME		UR, JACK			4	2 NAME		CONNIE (JEAK				
S	TREET ADDRESS		ESTFIELD ST				STREET ADDRES		816 SHERINGHAM ROA				
_	ITY - ST - ZIP	ORLAND	00 FL		The ere		CITY - ST - ZIP		RLANDO, FLORIDA 32	808	Change	Addition	
	ITLE	D	*****		XXDELETE	1	NAME	v	ŒITH KLINGENSMITH	<i>X</i> →	·		
	IAME		VMAN, JOE				STREET ADDRES	1 1	212 VAN AKEN TRIVE				
	TREET ADDRESS		CTOR AVE.				i STREET PUURES LOTY - ST - Z:P	~ 1	RLANDO, FLORIDA 32	808			
-	TITLE	ORLANI D	/U FL		DELETE		TIFUE				Change	Addition	
	IAME	_	R, TOM		75		NAME		MARIANNE DANIEL				
	STREET ADDRESS		MEWOOD LN				STREET ADDRES		1678 MIRANDA CIRCLE				
	CITY-ST-ZIP	ORLANI					CITY - ST - ZIP	(ORLANDO, FLORIDA 32				
H				1 - 2 - 1 - 41-1 - 41-	The standard of	مماله مباهد	d door not o	and to	the exemption stated in Section 119	OZIGNIKI Floric	ta Statute	os I further	

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 or an attachment with an address.

SIGNATURE: LISA ADAMS, SECRETARY 295-6723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA ADAMS, SECRETARY

295-6723

3-30-96