

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 10 1997 8:00am
Secretary of State**DOCUMENT # 711135 (4)**

1. Corporation Name

GRACE UNITED METHODIST CHURCH OF ORLANDO, INC.

Principal Place of Business

**4845 SILVER STAR RD.
ORLANDO FL 32808
US**

Mailing Address

**4845 SILVER STAR ROAD
ORLANDO FL 32808-4947**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

**PAINTER, JOHN
4841 PAT ANN TERR
ORLANDO FL 32808**

3. Date Incorporated or Qualified

07/01/1966

3a. Date of Last Report

03/30/1996

4. FEI Number

59-1295843

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

☒

No

10. Name and Address of Registered Agent

PAINTER, JOHN

81 Name

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

83

84 City

FL

85

Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETENAME **SANDEFUR, JACK**
STREET ADDRESS **5513 WESTFIELD DR**
CITY-ST-ZIP **ORLANDO FL 32808**TITLE **T** ☐ DELETENAME **PAINTER, JOHN**
STREET ADDRESS **4841 PAT ANN TERR**
CITY-ST-ZIP **ORLANDO FL 32808**TITLE **S** ☐ DELETENAME **ADAMS, LISA**
STREET ADDRESS **3921 ROBBINS AVE.**
CITY-ST-ZIP **ORLANDO FL**TITLE **D** ☐ DELETENAME **WEAK, CONNIE**
STREET ADDRESS **2816 SHERINGHAM RD**
CITY-ST-ZIP **ORLANDO FL 32808**TITLE **D** ☐ DELETENAME **KLINGENSMITH, KEITH**
STREET ADDRESS **5212 VAN AKEN DR**
CITY-ST-ZIP **ORLANDO FL 32808**TITLE **D** ☐ DELETENAME **DANIEL, MARIANNE**
STREET ADDRESS **4678 MIRANDA CIR**
CITY-ST-ZIP **ORLANDO FL 32818**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016937

CR2E037 (9/96)