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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90065 035 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711135

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/01/1966

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

9. Name and Address of Current Registered Agent

PAINTER, JOHN
4841 PAT ANN TERR
ORLANDO FL 32808

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME P
SANDEFUR, JACK
STREET ADDRESS 5513 WESTFIELD DR
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

NAME T
PAINTER, JOHN
STREET ADDRESS 4841 PAT ANN TERR
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

NAME S
ADAMS, LISA
STREET ADDRESS 3921 ROBBINS AVE.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME D
WEAK, CONNIE
STREET ADDRESS 2816 SHERINGHAM RD
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

NAME D
KLINGENSMITH, KEITH
STREET ADDRESS 5212 VAN AKEN DR
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

NAME D
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)