

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90308 012 \*\*\*\*61.25

DOCUMENT # 711135

1. Entity Name

GRACE UNITED METHODIST CHURCH  
OF ORLANDO, INC.

**DO NOT WRITE IN THIS SPACE**

420489

2. Principal Place of Business

4845 SILVER STAR RD.

Suite, Apt. #, etc.

ORLANDO FL

City & State

3. Mailing Address

4845 SILVER STAR RD.

Suite, Apt. #, etc.

ORLANDO FL

City & State

Zip 32808

Country ORANGE

Zip 32808

Country ORANGE

4. FEI Number

59-1295843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PAINTER, John

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

4841 PAT ANN TERRACE

City ORLANDO

FL

Zip Code 32808

**DO NOT WRITE  
IN THIS SPACE**

8. 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

John PAINTER, TREASURER

2-22-2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDERFUR, JACK 5513 WESTFIELD DR ORLANDO FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAINTER, JOHN 4841 PAT ANN TERRACE ORLANDO FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, LISA 3921 ROBBINS AVE ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEATH, CONNIE 2816 SHERINGHAM RD ORLANDO FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINGENSMITH, HEITH 5212 VAN AKEN DR. ORLANDO FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, MARIANNE 4678 MIRANDA CIR ORLANDO FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Painter

2-22-2002

407-299-8289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)