


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90002 035 ****70.00

DOCUMENT # 711135 1. Entity 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 FLA, 32808		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05062005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1295843				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAINTER, JOHN 4841 PAT ANN TERR ORLANDO, FL 32808			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T PAINTER, JOHN <input checked="" type="checkbox"/> Delete		TITLE	CHAIRMAN, Finance Committee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PAINTER, JOHN		NAME	ANTHONY A. FLOWERS	
STREET ADDRESS	4841 PAT ANN TERR		STREET ADDRESS	4494 LA VISTA DR	
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	D WEAK, CONNIE <input checked="" type="checkbox"/> Delete		TITLE	FINANCIAL SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEAK, CONNIE		NAME	BARBARA NATTRESS	
STREET ADDRESS	2816 SHERINGHAM RD		STREET ADDRESS	2512 HOBLEY DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D DANIEL, MARIANNE <input checked="" type="checkbox"/> Delete		TITLE	Alternate <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DANIEL, MARIANNE		NAME	Evelyn Barnewman	
STREET ADDRESS	4678 MIRANDA CIR		STREET ADDRESS	2450 Rector Ave	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	Orlando FL 32818	
TITLE	<input type="checkbox"/> Delete		TITLE	Treasurer, Finance Comm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Joanne Sorensen	
STREET ADDRESS			STREET ADDRESS	2446 Rector Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32818	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Joanne Sorensen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/18/05 407-253-5292 <small>Date Daytime Phone #</small>		

ATTACHMENT
40085167

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Grace United Methodist Church of Orlando, Inc.

DOCUMENT NUMBER: 71135

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne SORENSEN

(Name of Contact Person)

Grace United Methodist Church of Orlando, Inc.

(Firm/ Company)

4845 Silver Star Rd

(Address)

Orlando, FL 32808

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Joanne Sorensen

(Name of Contact Person)

at (407) 253-5292

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

\$770.00

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

ATTACHMENT

40085167
711135

The date of adoption of the amendment(s) was: _____

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this _____ day of _____, _____.

Signature

Joanne Sorensen
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Joanne Sorensen

(Typed or printed name of person signing)

Treasurer, Finance Committee

(Title of person signing)

FILING FEE: \$35

ATTACHMENT

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Articles of Amendment
to
Articles of Incorporation
of

Grace United Methodist Church of Orlando, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

71135

(Document number of corporation (if known))

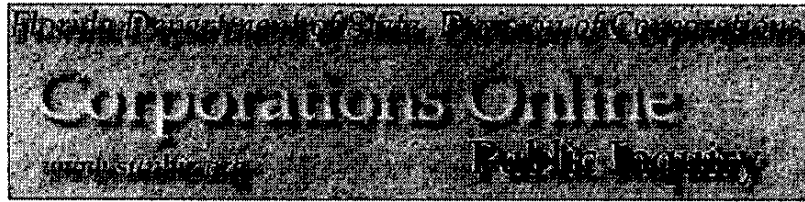
Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

Deleting ^{Past} current Officers and directors, and
adding current Officers and directors as
indicated on the annual report enclosed.



ATTACHMENT

40085167

Florida Non Profit

GRACE UNITED METHODIST CHURCH OF ORLANDO, INC.

PRINCIPAL ADDRESS
4845 SILVER STAR RD.
ORLANDO FL 32808 US
Changed 06/09/1993

MAILING ADDRESS
4845 SILVER STAR ROAD
ORLANDO FLA 32808

Document Number
711135

State
FL

FEI Number
591295843

Status
ACTIVE

Date Filed
07/01/1966

Effective Date
NONE

Last Event
NAME CHANGE AMENDMENT

Event Date Filed
06/30/1987

Event Effective Date
NONE

Registered Agent

Name & Address
PAINTER, JOHN 4841 PAT ANN TERR ORLANDO FL 32808
Name Changed: 03/30/1996
Address Changed: 03/30/1996

Officer/Director Detail

Name & Address	Title
PAINTER, JOHN 4841 PAT ANN TERR ORLANDO FL 32808	T
WEAK, CONNIE 2816 SHERINGHAM RD ORLANDO FL 32808	D
DANIEL, MARIANNE 4678 MIRANDA CIR ORLANDO FL 32818	D