

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90061 031 \*\*\*\*61.25

<b>DOCUMENT # 711135</b> 1. Entity Name <b>GRACE UNITED METHODIST CHURCH OF ORLANDO, INC.</b>					
Principal Place of Business <b>4845 SILVER STAR RD. ORLANDO, FL 32808 US</b>			Mailing Address <b>4845 SILVER STAR ROAD ORLANDO, FL 32808</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1295843</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SORENSEN, JOANNE 2446 RECTOR AVE ORLANDO, FL 32818</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFC</b> <input type="checkbox"/> Delete <b>FLOWERS, ANTHONY A</b> <b>4494 LA VISTA DR</b> <b>ORLANDO, FL 32808</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FS</b> <input type="checkbox"/> Delete <b>NATTRESS, BARBARA</b> <b>2512 HEALY DRIVE</b> <b>ORLANDO, FL 32818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <input type="checkbox"/> Delete <b>BARROWMAN, EVELYN</b> <b>2450 RECTOR AVE</b> <b>ORLANDO, FL 32818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TFC</b> <input type="checkbox"/> Delete <b>SORENSEN, JOANNE</b> <b>1446 RECTOR AVE</b> <b>ORLANDO, FL 32818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2446 Rector Ave</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSP</b> <input type="checkbox"/> Delete <b>JOHNSON, ARLINE</b> <b>4700 DOBERMAN ST</b> <b>ORLANDO, FL 32818</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LL</b> <input type="checkbox"/> Delete <b>Campbell, LYNN</b> <b>6535 Chantry St</b> <b>Orlando, FL 32835</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LL</b> <b>Campbell, LYNN</b> <b>6535 Chantry St</b> <b>Orlando, FL 32835</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Joanne Sorensen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>7/21/2007</i> Daytime Phone # <i>409/253-5292</i>		