

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711135

FILED
Jul 17, 2008
Secretary of State

Entity Name: GRACE UNITED METHODIST CHURCH OF ORLANDO, INC.

Current Principal Place of Business:

4845 SILVER STAR RD.
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

4845 SILVER STAR ROAD
ORLANDO, FL 32808

New Mailing Address:

4845 SILVER STAR RD.
ORLANDO, FL 32808 US

FEI Number: 59-1295843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SORENSEN, JOANNE
2446 RECTOR AVE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CFC () Delete
Name: FLOWERS, ANTHONY A
Address: 4494 LA VISTA DR
City-St-Zip: ORLANDO, FL 32808

Title: FS () Delete
Name: NATTRESS, BARBARA
Address: 2512 HEALY DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: A () Delete
Name: BARROWMAN, EVELYN
Address: 2450 RECTOR AVE
City-St-Zip: ORLANDO, FL 32818

Title: TFC () Delete
Name: SORENSEN, JOANNE
Address: 2446 RECTOR AVE
City-St-Zip: ORLANDO, FL 32818

Title: CSP () Delete
Name: JOHNSON, ARLINE
Address: 4700 DOBERMAN ST
City-St-Zip: ORLANDO, FL 32818

Title: LL () Delete
Name: CAMPBELL, LYNN
Address: 6535 CHANTRY ST
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFC (X) Change () Addition
Name: FLOWERS, ANTHONY A
Address: 4494 LAVISTA DR
City-St-Zip: ORLANDO, FL 32808

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE SORENSEN

TFC

07/17/2008

Electronic Signature of Signing Officer or Director

_____ Date