

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739912

FILED
Jan 14, 2009
Secretary of State

Entity Name: GRACE UNITED METHODIST CHURCH OF MERRITT ISLAND, INC.

Current Principal Place of Business:

65 NEEDLE BOULEVARD
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

65 NEEDLE BOULEVARD
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-1154158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMP, CAROL I
65 NEEDLE BOULEVARD
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

HOFFMASNNS, BETH A
65 NEEDLE BOULEVARD
MERRITT ISLAND, FL 32953 US

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: BETH A. HOFFMANNS 01/14/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MEDLIN, BOB
Address: 918 WESTWOOD DRIVE
City-St-Zip: MERRITT ISLANDS, FL

Title: VD () Delete
Name: STEAD, WILLIAM
Address: 3530 SAVANNAHS TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PD () Delete
Name: PATELLIS, NICHOLAS
Address: 3425 SPARTINA AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ST () Delete
Name: ZIPPERLY, DEBBIE
Address: 600 MILFORD POINT RD
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MEDLIN, BOB
Address: 918 WESTWOOD DRIVE
City-St-Zip: MERRITT ISLANDS, FL 32953

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: BETH A. HOFFMANNS RA 01/14/2009

Electronic Signature of Signing Officer or Director Date