

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748281

FILED
Feb 04, 2008
Secretary of State

Entity Name: GRACE UNITED METHODIST CHURCH OF CAPE CORAL, INC.

Current Principal Place of Business:

13 SE 21ST PLACE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

13 SE 21ST PLACE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 59-1992446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KARL
1375 JACKSON ST, SUITE 303
FORT MYERS, FL 33901 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: PC () Delete
Name: HAYNES, JIM
Address: 4852 GOLF CLUB CT A7
City-St-Zip: N FORT MYERS, FL 33903

Title: VP () Delete
Name: WHITTAKER, DOUG
Address: 9218 PALM ISLAND CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: AMBROSE, WAYNE
Address: 389 HORIZON DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: GRAFF, JUDY
Address: 1628 SE 6TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: TREA () Delete
Name: REDECKER, JAMES
Address: 1418 SE 23RD STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: BARCLAY, JANNA
Address: 1404 SW 48TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: HAYNES, JIM
Address: 4636 MERIDIAN CIR.
City-St-Zip: N FORT MYERS, FL 33903

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

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

Title: TRES (X) Change () Addition
Name: GRAFF, JUDY
Address: 1628 SE 6TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D (X) Change () Addition
Name: EWING, NANCY
Address: 2026 SE 6TH LN
City-St-Zip: CAPE CORAL, FL 33990

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: JIM HAYNES

PC

02/04/2008

Electronic Signature of Signing Officer or Director

_____ Date