2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N03000006587

Entity Name: GRAPEVINE COMMUNITY CHURCH, A UNITED METHODIST CHURCH CORP

Current Principal Place of Business:

4311 SW DARWIN BLVD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

4311 SW DARWIN BLVD
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 59-1371912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLIND, JOHN
4311 SW DARWIN BLVD.
PORT ST. LUCIE, FL 34953 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: P ( ) Delete
Name: BLIND, JOHN
Address: 148 SARATOGA AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP ( ) Delete
Name: WHITMER, JON
Address: 1302 SW BARTELL AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: SEC (X) Delete
Name: MONTGOMERY, DEE
Address: 1020 GRANDVIEW BLVD.
City-St-Zip: FORT PIERCE, FL 34982 US

Title: TREA ( ) Delete
Name: SPAULDING, WALTER
Address: 410 SW MIMOSA COVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JOHN BLIND P 04/29/2005

Electronic Signature of Signing Officer or Director — Date