2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
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 (X)**

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:

ZIELINSKI, THOMAS
4311 SW DARWIN BLVD.
PORT ST. LUCIE, FL 34953 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: THOMAS ZIELINSKI 03/10/2008
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: ZIELINSKI, TOM
Address: 332 NE SURFSIDE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983 US

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ZIELINSKI, THOMAS
Address: 332 NE SURFSIDE AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: VP (X) Change ( ) Addition
Name: LEWALLEN, DAVID
Address: 3542 SW ZULLO STREET
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: SEC (X) Change ( ) Addition
Name: CURCIO, SUSAN
Address: 211 SW GETTYSBURG DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: TREA ( ) Change (X) Addition
Name: BARZ, MARGY
Address: 182 SW RIDGECREST DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953

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: MARGY BARZ TREA 03/10/2008
Electronic Signature of Signing Officer or Director Date