

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006587

FILED
Jan 26, 2009
Secretary of State

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:

182 SW RIDGECREST DRIVE
PORT ST. LUCIE, FL 34953

FEI Number: 59-1371912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZIELINSKI, THOMAS
4311 SW DARWIN BLVD.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

BARZ, MARGY
182 SW RIDGECREST DRIVE
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: MARGY BARZ

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOZONE, JENNIFER
Address: 1514 SW ABACUS AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: MARGY BARZ

TREA

01/26/2009

Electronic Signature of Signing Officer or Director

Date