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**FILED** NONPROFIT FLORIDA DEPARTMENT Jan 27 1998 8:00am CORPORATION Sandra B. Mort ANNUAL REPORT Secretary of Sta DIVISION OF CORPOR 1998 RIONS Secretary of State DOCUMENT #
1. Corporation Name N34882 (3)GLYNLEA GRACE UNITED METHODIST CHURCH, INC. Principal Place of Business Mailing Address 6429 ATLANTIC BLVD 6429 ATLANTIC BLVD 3. Date Incorporated or Qualified JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 10/24/1989 4. FEI Number Applied For 59-0809625 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. **\$5.00** May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes **W**No Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SPANGLER, JACK Street Address (P.O. Box Number is Not Acceptable) 8723 COMO LAKE DR JACKSONVILLE FL 32256 83 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition BROOME, BASIL KESOLEK, TOOD NAME 1.2 NAME 1135 MONTEED RD W 7858 PLAYA DELREY CT STREET ADORESS 1.3 STREET ADDRESS JACKSONVILLE FL 32256-7719 JACKSONUILE EL 32216 CITY-ST-ZIP 1.4 CITY-ST-ZIP TH DELETE trenbuken TITLE 2.1 TITLE Change Addition MCKAY, DAVID SHIKEY TRAPP NAME 2.2 NAME 3184 EMAN OK 1812 BARTRAM CIRCLE E STREET ADDRESS 2.3 STREET ADDRESS TACKSOMUCITE FL 32016
PAULA JERMIEN 15 Change JACKSONVILLE FL 32207-2231 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition TRAPP, SHIRLEY 2640 KERSEY DLW 3.2 NAME 3424 EMAN DRIVE STREET ADDRESS 3.3 STREET ADDRESS JACK SONVILLE ELBRAIG JACKSONVILLE FL 32216 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ TIDE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS

CITY-ST-ZIP

14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or or an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6 2 NAME

DELETE

DELETE

SIGNATURE: C

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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Change

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Addition

Addition