


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morton**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N34882 (3)**  
 1. Corporation Name  
**GLYNLEA GRACE UNITED METHODIST CHURCH, INC.**

Principal Place of Business: 6429 ATLANTIC BLVD JACKSONVILLE FL 32211  
 Mailing Address: 6429 ATLANTIC BLVD JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: 10/24/1989  
 4. FEI Number: 59-0809625  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (2a-23) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SPANGLER, JACK, 8723 COMO LAKE DR, JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent (81-85) fields.

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 \_\_\_\_\_ DATE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TP	1.1 TITLE	TP
NAME	BROOME, BASIL	1.2 NAME	KESLER, TODD
STREET ADDRESS	7858 PLAYA DELREY CT	1.3 STREET ADDRESS	1135 MONTEGO RD W
CITY-ST-ZIP	JACKSONVILLE FL 32256-7719	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	TV	2.1 TITLE	TREASURER
NAME	MCKAY, DAVID	2.2 NAME	SHIRLEY TRAPP
STREET ADDRESS	1812 BARTRAM CIRCLE E	2.3 STREET ADDRESS	3424 EMAN DR
CITY-ST-ZIP	JACKSONVILLE FL 32207-2231	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	TS	3.1 TITLE	PAULA JERMIE
NAME	TRAPP, SHIRLEY	3.2 NAME	TS
STREET ADDRESS	3424 EMAN DRIVE	3.3 STREET ADDRESS	2640 KERSEY DR W
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Shirley Trapp* SHIRLEY TRAPP 1/13/98 904 234 6872

CR2E037 (10/97)