


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90177 044 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N34882

1. Corporation Name
GLYNLEA GRACE UNITED METHODIST CHURCH, INC.

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



| | | | | |
|--|--|---|--------------------------------|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | 3. Date Incorporated or Qualified 10/24/1989 | 4. FEI Number 59-0809625 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |

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 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

| | |
|----------------|----------------------------------|
| TITLE | TP |
| NAME | KESSLER, TODD |
| STREET ADDRESS | 1135 MONTEGO RD W |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 |
| TITLE | T |
| NAME | TRAPP , SHIRLEY TRAPP |
| STREET ADDRESS | 3434 EMAN DR |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 |
| TITLE | TS |
| NAME | JERMIER, PAULA |
| STREET ADDRESS | 2650 KERSEY DR W |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | TRAPP SHIRLEY |
| 2.3 STREET ADDRESS | 3434 EMAN DR |
| 2.4 CITY-ST-ZIP | JACKSONVILLE FL 32216 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TR HULME, BETTY |
| 3.3 STREET ADDRESS | 8943 S. MACARTHUR COURT |
| 3.4 CITY-ST-ZIP | JACKSONVILLE, FL 32216-3511 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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, with all other like empowered.

SIGNATURE: Shirley L. Trapp 1.22.99 784-6278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)