

DOCUMENT # N34882

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-20-2000 90219 014 ****61.25

1. Entity Name

GLYNLEA GRACE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

6429 ATLANTIC BLVD
 JACKSONVILLE FL 32211

6429 ATLANTIC BLVD
 JACKSONVILLE FL 32211-8723

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0809625

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DECEASED~~
 SPANGLER, JACK
 8723 COMO LAKE DR
 JACKSONVILLE FL 32256

KESSLER, TODD
 1135 MONTEGO RD W
 JACKSONVILLE, FL 32216

Name **KESSLER, TODD**

Street Address (P.O. Box Number is Not Acceptable)

1135 MONTEGO RD W

City **JACKSONVILLE**

FL

Zip Code **32216**

8. 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 **X W. TODD KESSLER**

W. Todd Kessler

DATE **02/25/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TP	<input type="checkbox"/> Delete
NAME	KESSLER, TODD	
STREET ADDRESS	1135 MONTEGO RD W	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRAPP, SHIRLEY	
STREET ADDRESS	3424 EMAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	HUME, BETTY	
STREET ADDRESS	8943 S. MARARTUR COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32216-3511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES RICH	
STREET ADDRESS	1495 RIVER HILLS CIRCLE E	
CITY-ST-ZIP	JACKSONVILLE FL 32211-7517	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Todd Kessler* **W. TODD KESSLER** 11/2/00 904-724-6279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)