DOCUMENT # N34882  1. Entity Name  GLYNLEA GRACE UNITED METHODIST CHURCH, INC.						FILED Apr 18, 2000 8:00 am Secretary of State 01-20-2000 90219 014 ****61.25				
Principal Place	of Business	Mailing Address				01-20-2000	90219 014	****61	.25	
6429 ATLANTIC JACKSONVILLE		6429 ATLANTIC BLVD JACKSONVILLE FL 32211-8723					0 4 7 7	o o		
2. Principal Pla	ace of Business	3. Mailing Address		·- <u>-</u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.					E IN THIS SPACE	#1011 0(0)1 =	DIJRI JUBS	
		City & State			# FF151 who				lied For	
City & State				4. FEI Number	59-0809625	·····	Not	Applicable		
Zip	Country	Z(p	Country		5. Certificate	of Status Desired	□ \$8.7 Fee F	75 Addit Required	ional	
	6. Name and Address of Curren	nt Registered Agent	Name		7. Name and	Address of New R	egistered Agent			
JACKSON	NACK KESSI  PLAKE DR 1135 N  PLEFT 32256 TYRKE  Tramed entity submits this statement	ER, TODO  MONFEGO ROV  DONVILLE, FL3A  for the purpose of changing its	316 City	Jaco Jaco	MONT	INC ACCEPTABLE	FL	21p Soda 32	ajc 100	
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND B	Election Campaign     Trust Fund Contrib     DIRECTORS		Àdde	OO May Be do to Fees		e Check Paya partment of the	State	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP KESSLER, TOOD 1135 MONTEGO RD W JACKSONVILLE FL 32216	Delete .	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ' TRAPP, SHIRLEY 3424 EMAN DRIVE JACKSONVILLE FL 32216	☐ Delete	title Name Street addres City-St-Zip	ss			. 🗆	Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	TR HUME, BETTY 8943 S. MARARTUR COURT JACKSONVILLE FL 32216-3511	□ Velete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S 149	ajes Ric 5 River 16 sekul	HILLS CI.	rcle E	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				Change	☐ Addition	
i indicato	certify that the information supplied on this report or supplemental report of supplemental report of the receiver or trustee et al, or on an attachment with an address of the supplemental supplementation of the receiver or trustee et al, or on an attachment with an address of the supplementation	or is true and accurate and that mpowered/to execute this repoiss, with all/other/like empoweres, with all/other/like empoweres	my signature sha t as required by	all nave the Chapter 6	e same legal erre:	ct as it made unde as; and that my nai	nom martam	an onicer	or curector	