

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90036 022 ****61.25

DOCUMENT # N34882

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

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

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

DECEASED

Name **CHARLES RICH**
 Street Address (P.O. Bx Number is Not Acceptable)
1495 RIVER HILLS CIRCLE E
 City **JACKSONVILLE** FL Zip Code **32211-7517**

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: *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.
Charles G. Rich

(NOTE: Registered Agent signature required when reinstating)

DATE: **2/20/01**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TP	<input checked="" 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	TP	<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 checked="" type="checkbox"/> Addition
NAME	MARLA JEROME B-T	
STREET ADDRESS	4646 KERSEY DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32216-3303	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK KATHERINE HENRY - T	
STREET ADDRESS	372 MATTERHORN RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216-9165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles G. Rich

DATE: **2/20/01** DAYTIME PHONE #: **724-1439**

CR2E037 (10/00)