

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90142 023 \*\*\*\*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

4. FEI Number **59-0809625**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RICH, CHARLES  
 1495 RIVER HILLS CIRCLE E  
 JACKSONVILLE FL 32211-7517**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **TP RICH, CHARLES**  
 STREET ADDRESS **1495 RIVER HILLS CIRCLE E**  
 CITY-ST-ZIP **JACKSONVILLE FL 32211-7517**

TITLE  Change  Addition  
 NAME **MARK GASPARE**  
 STREET ADDRESS **566 BAY RIDGE RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE  Delete  
 NAME **TT TRAPP, SHIRLEY**  
 STREET ADDRESS **3424 EMAN DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE  Change  Addition  
 NAME **T RON BEOO**  
 STREET ADDRESS **4777 MARBATE DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE  Delete  
 NAME **JERMIE, PAULA**  
 STREET ADDRESS **2840 KERSEY DR W**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216-3353**

TITLE  Change  Addition  
 NAME **T BARRY CANNON**  
 STREET ADDRESS **1726 WEST RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE  Delete  
 NAME **KATTERHENRY, JACK**  
 STREET ADDRESS **572 MATTERHORD RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216-7165**

TITLE  Change  Addition  
 NAME **T NANCY ADAMS**  
 STREET ADDRESS **733 MONTEGO ROW**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE  Delete  
 NAME **~~TRAPP~~**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **T DAVID TROTTEL**  
 STREET ADDRESS **1321 ARRLINGWOOD AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **T LANNY CHRISTMAN**  
 STREET ADDRESS **18051 WEDD ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32234**

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: SIGNATURE EXQUIR **SHIRLEY TRAPP** 1/25/02 904 7819151

CR2E037 (9/01)