


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90090 041 ****61.25

DOCUMENT # N34882

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



Principal Place of Business
**6429 ATLANTIC BLVD
 JACKSONVILLE, FL 32211**

Mailing Address
**6429 ATLANTIC BLVD
 JACKSONVILLE, FL 32211**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03052004 Chg-NP CR2E037 (10/03)

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**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP RICH, CHARLES 1495 RIVER HILLS CIRCLE E JACKSONVILLE, FL 322117517 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAPP, SHIRLEY 3424 EMAN DRIVE JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, NANCY 572 MATTEHORN RD JACKSONVILLE, FL 322169165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARD, MAXIE 248 SPRING FOLK ALE JACKSONVILLE, FL 322168946 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRY, CANNON 1726 WEST RD JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACK KATTER HENRY 572 MATTEHORN RD JACKSONVILLE FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANNY CHRISTMAN 12051 PHEEN ST JACKSONVILLE FL 32214 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERESA CHIOTTI 578 BAY RIDGE RD JACKSONVILLE FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWERY JOHNSON 9744 HALSBY RD JACKSONVILLE FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BILL NICH 4450 MARQUETTE AVE JACKSONVILLE FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shirley L Trapp Shirley L TRAPP 4/23/04 9047819151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #