


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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK KATTER HENRY	
STREET ADDRESS	572 MATTEHORN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANNY CHRISTMAN	
STREET ADDRESS	12051 PHEEN ST	
CITY-ST-ZIP	JACKSONVILLE FL 32214	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERESA CHIOTTI	
STREET ADDRESS	578 BAY RIDGE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWERY JOHNSON	
STREET ADDRESS	9744 HALSBY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL NICH	
STREET ADDRESS	4450 MARQUETTE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
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:** Shirley L Trapp **SURLEY L TRAPP** 4/23/04 9047819151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #