

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90058 042 \*\*\*\*61.25

<b>DOCUMENT # N34882</b>					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, CHARLES			NAME	LOWEY JOHNSON
STREET ADDRESS	1495 RIVER HILLS CIRCLE E			STREET ADDRESS	9744 WALSEY RD
CITY-ST-ZIP	JACKSONVILLE, FL 322117517			CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAPP, SHIRLEY			NAME	
STREET ADDRESS	3424 EMAN DRIVE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, NANCY			NAME	
STREET ADDRESS	572 MATTEHORN RD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322169165			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, MAXIE			NAME	
STREET ADDRESS	248 SPRING FOKE ALE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322168946			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATTERHENRY, JACK			NAME	
STREET ADDRESS	572 MATTEHORN RD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRITMAN, LANNY			NAME	
STREET ADDRESS	12051 PHEDA ST			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224			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: <u>Shirley L. Trapp</u> 4/13/05 9047241270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



03302005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-0809625 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to:  
Florida Department of State

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CITY-ST-ZIP	JACKSONVILLE, FL 32224		

TITLE	LOWEY JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOWEY JOHNSON		
STREET ADDRESS	9744 WALSEY RD		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: Shirley L. Trapp 4/13/05 9047241270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #