

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34882

FILED
Mar 15, 2007
Secretary of State

Entity Name: GLYNLEA GRACE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

6429 ATLANTIC BLVD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6429 ATLANTIC BLVD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-0809625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICH, CHARLES
1495 RIVER HILLS CIRCLE E
JACKSONVILLE, FL 322117517 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: RICH, CHARLES
Address: 1495 RIVER HILLS CIRCLE E
City-St-Zip: JACKSONVILLE, FL 322117517

Title: T () Delete
Name: TRAPP, SHIRLEY
Address: 3424 EMAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: LOWEKEY, JOHNSON
Address: 9744 HALSEY RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: T () Delete
Name: KATTERHENRY, JACK
Address: 572 MATTERHORN RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LOWERY, JOHNSON
Address: 9744 HALSEY RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: CHRISTIE, RONALD
Address: 7872 JOLLIET DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: T () Change (X) Addition
Name: NEVIN, JIM
Address: 507 OGLETHORPE RD
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY L TRAPP

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03/15/2007

Electronic Signature of Signing Officer or Director

_____ Date