

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 15, 2007  
Secretary of State**

DOCUMENT# N34882

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: LOWEKY, 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

T

03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date