

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34882

FILED  
Jan 16, 2009  
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:**

BARLOW, GARY  
8980 LITHIA COURT  
JACKSONVILLE, FL 322169200 US

**Name and Address of New Registered Agent:**

KNIGHT, WILLIAM  
4450 MARQUETTE AVENUE  
JACKSONVILLE, FL 322102024 US

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: WILLIAM KNIGHT

01/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TP ( ) Delete  
Name: BARLOW, GARY  
Address: 8980 LITHIA COURT  
City-St-Zip: JACKSONVILLE, FL 322169200

Title: F ( ) Delete  
Name: PALMROSE, JUDITH  
Address: 13715 RICHMOND PARK DR, N #102  
City-St-Zip: JACKSONVILLE, FL 32224

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TP (X) Change ( ) Addition  
Name: KNIGHT, WILLIAM  
Address: 4450 MARQUETTE AVENUE  
City-St-Zip: JACKSONVILLE, FL 322102024

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JUDITH PALMROSE

F

01/16/2009

Electronic Signature of Signing Officer or Director

Date