

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34882

FILED  
Jan 06, 2010  
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:**

KNIGHT, WILLIAM  
4450 MARQUETTE AVENUE  
JACKSONVILLE, FL 322102024 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  
Name: KNIGHT, WILLIAM  
Address: 4450 MARQUETTE AVENUE  
City-St-Zip: JACKSONVILLE, FL 322102024

Title: T  
Name: NEVIN, JIM  
Address: 507 OGLETHORPE ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T  
Name: LOWERY, JOHNSON  
Address: 9744 HALSEY RD  
City-St-Zip: JACKSONVILLE, FL 32246

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM KNIGHT

T

01/06/2010

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

\_\_\_\_\_  
Date