

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90719 002 ****61.25

DOCUMENT # N34882

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

4. FEI Number **59-0809625**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	TP RICH, CHARLES 1495 RIVER HILLS CIRCLE E JACKSONVILLE FL 32211-7517 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAPP, SHIRLEY 3424 EMAN DRIVE JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JERMIER, PAULA 2640 KERSEY DR W JACKSONVILLE FL 32216-3353 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARK, GASPARRE 566 BAY RIDGE RD JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RON, BESS 477 MARGATE DR JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRY, CANNON 1728 WEST RD JACKSONVILLE FL 32216 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOWERY JOHNSON 9744 HALSEY RD JACKSONVILLE FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANNY CHRISMAN 2255 DUMFRIES CIRCLE JACKSONVILLE FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NANCY ADAMS 723 MONTELO RD JACKSONVILLE FL 32216-9337 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACK KATTERHENRY 572 MATTERHORN RD JACKSONVILLE FL 32216-9165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T) MAXIE WARD 248 SPRING FOREST AVE JACKSONVILLE FL 32216-8946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERESA CHOTTI 578 BAY RIDGE RD JACKSONVILLE FL 32216-9901 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shirley Trapp* **SHIRLEY TRAPP 2/13/03 904-1119101**

CR2E037 (10/02)

Attachment #

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134882

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T	ADDITIOZ
WILLIAM KNIGHT	
4450 MARQUETTE AVE	
JACKSONVILLE FL	
	37210-2024
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