

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41780 (0)

1. Corporation Name
GRACE UNITED METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
HIGHWAY 225 POST OFFICE BOX 226 LAWTEY FL 32058

3. Date Incorporated or Qualified **01/23/1991** 3a. Date of Last Report **07/03/1995**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

4. FEI Number **59-3187572** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WILLIAMS, BETTY
HIGHWAY 225
LAWTEY FL 32058**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAINWRIGHT, DOC	1.2 NAME	
STREET ADDRESS	6295 KINGSLEY LAKE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	STARKE FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BETTY	2.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 370	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAWTEY FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUFORD, DAVE	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 13 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAWTEY FL	3.4 CITY - ST - ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETIPRIN, ED	4.2 NAME	
STREET ADDRESS	RT. 1 BOX 17	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAWTEY FL	4.4 CITY - ST - ZIP	
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JEANNE	5.2 NAME	
STREET ADDRESS	P.O. BOX 188 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAWTEY FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUFORD, LUCILLE	6.2 NAME	
STREET ADDRESS	POST OFFICE BOX 282 N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAWTEY FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward C Petiprin* **Edward C Petiprin** 2-28-96 9044811212 82327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)