

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 08, 2004
Secretary of State**

DOCUMENT# N41780

Entity Name: GRACE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

HIGHWAY 225
POST OFFICE BOX 226
LAWTEY, FL 32058

New Principal Place of Business:

Current Mailing Address:

HIGHWAY 225
POST OFFICE BOX 226
LAWTEY, FL 32058

New Mailing Address:

FEI Number: 59-3187572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUCE, CINDY T
23639 NW 22ND AVE
LAWTEY, FL 32058 US

Name and Address of New Registered Agent:

PETIPRIN, EDWARD C
24374
LAWTEY, FL 32058 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: EDWARD C PETIPRIN 02/08/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: OGLESBY, TERESA
Address: 20822 N.E. 20 AVE
City-St-Zip: LAWTEY, FL 32058

Title: TD () Delete
Name: WILLIAMS, BETTY,
Address: 4266 NW 219TH ST
City-St-Zip: LAWTEY, FL 32058

Title: VP () Delete
Name: MORRIS, JOHN
Address: P.O. BOX 342
City-St-Zip: LAWTEY, FL 32058

Title: DT () Delete
Name: EDWARDS, JUNE
Address: 603 E BRIDGES ST
City-St-Zip: STARKE, FL 32091

Title: P () Delete
Name: TATAM, LISA
Address: 2556 NW 216TH ST
City-St-Zip: LAWTEY, FL 32058

Title: DT () Delete
Name: KEMP, PAUL
Address: RT 5 BOX 1142
City-St-Zip: STARKE, FL 32058

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN MORRIS VP 02/08/2004
Electronic Signature of Signing Officer or Director Date