## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # N41780 1. Entity Name 05 OCT 24 PM 5: 43 GRACE UNITED METHODIST CHURCH, INC. SECRETARIO STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address HIGHWAY 225 HIGHWAY 225 POST OFFICE BOX 226 **POST OFFICE BOX 226** LAWTEY, FL 32058 LAWTEY, FL 32058 2. Principal Place of Business 3. Mailing Address 1822 MAdison Suite, Apt. #, etc. FEI Number 59-3187572 Applied For LAWTE AWTEN Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETIPRIN, EDWARD C 24374 LAWTEY, FL 32058 Zip C 2058 8. The above named entity submits this statement for the purpose of changing its registered office or registered each, or both, in the State of Florida. I am familiar with, and accept FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to After January 1, 2006, Fee will be \$122.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SECRETARY SONIA CAMP 1817 TRUMAN S TITLE TITLE Addition Delete Delete ☐ Channe OGLESBY, TERESA NAME NAME STREET ADDRESS 20822 N.E. 20 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAWTEY, FL 32058 32058 TITLE Change ☐ Addition TITI F ☐ Delete NAME WILLIAMS, BETTY NAME 200060898562 4266 NW 219TH ST STREET ADDRESS STREET ADDRESS 10/24/05--01061--016 \*\*61.25 CITY-ST-ZIP LAWTEY, FL 32058 CITY-ST-ZIP TITLE Delete --☐ Change ☐ Addition TITLE MORRIS, JOHN NAME NAME STREET ADDRESS STREET ADORESS P.O. BOX 342 CITY-ST-ZIP LAWTEY, FL 32058 CITY-ST-ZIP TITLE DT ☐ Delete TITLE ☐ Change ☐ Addition NAME EDWARDS, JUNE NAME STREET ADDRESS 603 E BRIDGES ST STREET ADDRESS CITY-ST-ZIP STARKE, FL 32091 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME TATAM, LISA NAME 2556 NW 216TH ST STREET ADDRESS STREET ADDRESS LAWTEY, FL 32058 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR/Trustee Addition DT. ☐ Change TITLE Delete Delete TITLE ELAINE STEINMEYER KEMP, PAUL NAME NAME STREET ADDRESS RT 5 BOX 1142 STREET ADDRESS CITY-ST-7IP LAWTEV FI 32058 STARKE, FL 32058 CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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: D OR PRINTED NAME OF SIGN