


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N41780</b> 1. Entity Name <b>GRACE UNITED METHODIST CHURCH, INC.</b>	
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Principal Place of Business <b>1822 MADISON STREET LAWTEY, FL 32058</b>	Mailing Address <b>P.O. BOX 226 LAWTEY, FL 32058</b>
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01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3187572</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WILLIAMS, BETTY D 4366 NW 219TH ST LAWTEY, FL 32058</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>01/15/08-80063-011 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CAMP, SONIA 1817 TRUMAN ST. LAWTEY, FL 32058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WILLIAMS, BETTY 4266 NW 219TH ST LAWTEY, FL 32058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MORRIS, JOHN P.O. BOX 342 LAWTEY, FL 32058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT EDWARDS, JUNE 603 E BRIDGES ST STARKE, FL 32091</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TATAM, LISA 2556 NW 216TH ST LAWTEY, FL 32058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD STEINMEYER, ELAINE 2999 NW CR 225 LAWTEY, FL 32058</b>

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Betty D Williams **1-8-08 904-782-3881**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #