


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N41780
 1. Entity Name
GRACE UNITED METHODIST CHURCH, INC.



Principal Place of Business
**1822 MADISON STREET
 LAWTEY, FL 32058**

Mailing Address
**P.O. BOX 226
 LAWTEY, FL 32058**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3187572

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WILLIAMS, BETTY D
 4366 NW 219TH ST
 LAWTEY, FL 32058**

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UD00001782155
 01/15/08-80063-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	CAMP, SONIA
STREET ADDRESS	1817 TRUMAN ST.
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	TD
NAME	WILLIAMS, BETTY
STREET ADDRESS	4266 NW 219TH ST
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	VP
NAME	MORRIS, JOHN
STREET ADDRESS	P.O. BOX 342
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	DT
NAME	EDWARDS, JUNE
STREET ADDRESS	603 E BRIDGES ST
CITY-ST-ZIP	STARKE, FL 32091
TITLE	P
NAME	TATAM, LISA
STREET ADDRESS	2556 NW 216TH ST
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	TD
NAME	STEINMEYER, ELAINE
STREET ADDRESS	2999 NW CR 225
CITY-ST-ZIP	LAWTEY, FL 32058

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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 Date: 1-8-08 Daytime Phone #: 904-782-3881