2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N41780

Entity Name: GRACE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1822 MADISON STREET
LAWTEY, FL 32058

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 226
LAWTEY, FL 32058

New Mailing Address:

P.O. BOX 226
LAWTEY, FL 32058 US

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

Name and Address of Current Registered Agent:

WILLIAMS, BETTY D
4366 NW 219TH ST
LAWTEY, FL 32058 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	CAMP, SONIA	
Address:	1817 TRUMAN ST.	
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:	TD	( ) Delete
Name:	STEINMEYER, ELAINE	
Address:	2999 NW CR 225	
City-St-Zip:	LAWTEY, 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 exemption stated 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 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: BETTY D. WILLIAMS MS. 01/20/2009
Electronic Signature of Signing Officer or Director — Date