

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49949** (3)
1. Corporation Name
GRACE UNITED METHODIST CHURCH WABASSO, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1992	3a. Date of Last Report 02/16/1994
4. FBI Number NOT APPLICABLE	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business 8799 FIFTIETH AVE. WABASSO FL 32970		Mailing Address 8799 FIFTIETH AVE. WABASSO FL 32970	
2. Principal Place of Business 21	2a. Mailing Address 26	2b. Suite, Apt. #, etc. 27	2c. City & State 28
8799 FIFTIETH AVE. WABASSO, FL	P.O. Box 55		Wabasso, FL
2d. Zip 24	2e. Country 25	2f. Zip 29	2g. Country 30
32970		32970	

9. Name and Address of Current Registered Agent CADENHEAD, J. MARVIN, SR. 8799 FIFTIETH AVE. WABASSO FL 32970		10. Name and Address of New Registered Agent 81 Name Wilson, Stuart D. 82 Street Address (P.O. Box Number is Not Acceptable) 6650 85th St 83 84 City Wabasso 85 Zip Code FL 32970	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Stuart D. Wilson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	☒ Change ☐ Addition
NAME	STREET ADDRESS	12 NAME	
CITY - ST - ZIP		13 STREET ADDRESS	
		14 CITY - ST - ZIP	
		21 TITLE	☐ Change ☐ Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
		31 TITLE	☐ Change ☐ Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
		41 TITLE	☐ Change ☐ Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE	☐ Change ☐ Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stuart D. Wilson Stuart D. Wilson 3/23/95 (407) 388-3173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #