

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 FEB 17 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001978 (6)**

1. Corporation Name  
**GRACE UNITED METHODIST CHURCH OF GAINESVILLE, IN C.**

Principal Place of Business Mailing Address  
9325 W. NEWBERRY RD. 9325 W. NEWBERRY RD.  
GAINESVILLE FL 32606-5547 GAINESVILLE FL 32606-5547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1983 3a. Date of Last Report 02/17/1994  
4. FEI Number 59-2259563 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

9. Name and Address of Current Registered Agent  
WHITAKER, SCOTT L  
4010 W. NEWBERRY RD.  
STE. H  
GAINESVILLE FL 32607  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, KEN	1.2 NAME	
STREET ADDRESS	619 NW 98TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUTZ, WALTER	2.2 NAME	
STREET ADDRESS	709 SW 80TH BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHEARN, DON	3.2 NAME	
STREET ADDRESS	2528 N.W. 63RD TERR	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, MARTIN L	4.2 NAME	
STREET ADDRESS	10028 S.W. 38 PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	4.4 CITY - ST - ZIP	
TITLE	<del>T</del>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PIERGE, JOHN</del>	5.2 NAME	
STREET ADDRESS	<del>2902 S.W. 107 TERRACE</del>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<del>GAINESVILLE FL</del>	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DAVID B. BACMUS
STREET ADDRESS		6.3 STREET ADDRESS	13309 SW 31st Ave
CITY - ST - ZIP		6.4 CITY - ST - ZIP	ARLINGTON, FL 32618

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martin L. Griffith* 2/13/95 904-472-2671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (In/In/In Year)