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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000001978

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

Principal Place of Business: 9025 W. NEWBERRY RD. GAINESVILLE FL 32606-5547
 Mailing Address: 9025 W. NEWBERRY RD. GAINESVILLE FL 32606-5547

274286-90072-86



21	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/02/1983
22	2b. City & State	4. FEI Number
City & State	City & State	59-2259563
23	2c. Zip	5. Certificate of Status Desired
Zip	Country	<input type="checkbox"/> \$8.75 Additional Fee Required
24	2d. Zip	6. Election Campaign Financing Trust Fund Contribution
Country	Country	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SARLES, ROBERT A 9323 S.W. 8TH AVE. 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DTRC <input checked="" type="checkbox"/> DELETE	1.1 TITLE: DTRC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: JORDAN, DENNIS	1.2 NAME: Humphries, Mark
STREET ADDRESS: 1805 NW 94TH ST	1.3 STREET ADDRESS: 3216 SW 75th Street	CITY-ST-ZIP: GAINESVILLE FL 32606	1.4 CITY-ST-ZIP: Gainesville, FL 32607
TITLE: D <input checked="" type="checkbox"/> DELETE	2.1 TITLE: Christian, Cedric <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: CHRISTIAN, CEDRIC	2.2 NAME: Sarles, Robert A.
STREET ADDRESS: 3603 N.W. 30TH BLVD.	2.3 STREET ADDRESS: Gainesville, FL 32607	CITY-ST-ZIP: GAINESVILLE FL 32605	2.4 CITY-ST-ZIP: DTRVC
TITLE: DTRV <input checked="" type="checkbox"/> DELETE	3.1 TITLE: Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: CAMPBELL, DENNIS	3.2 NAME: Sonya Lindsay
STREET ADDRESS: 3712 NW 16TH BLVD	3.3 STREET ADDRESS: 1922 NW 133rd Terrace	CITY-ST-ZIP: GAINESVILLE FL 32605	3.4 CITY-ST-ZIP: Gainesville, FL 32606
TITLE: T <input checked="" type="checkbox"/> DELETE	4.1 TITLE: Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: HARPER, CURTIS	4.2 NAME: Bill Brown
STREET ADDRESS: 10227 S.W. 12TH PLACE	4.3 STREET ADDRESS: 901 NW 94th Street	CITY-ST-ZIP: GAINESVILLE FL 32607	4.4 CITY-ST-ZIP: Gainesville, FL 32606
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> DELETE	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> DELETE	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Mark J. Humphries* 3/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)