## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N95000003632 (5) DOCUMENT #

THE GRAND ISLAND FREE METHODIST LIGHT AND LIFE C HAPEL, INC.

Principal Place of Business

Mailing Address



35720 GOOS	se cbeek ro	35720 GOOSE CREEK I	ชก		
LEESBURG FL 34786-2846 LEESBURG FL 34786-2846					
				3. Date Incorporated or Qualified 08/01/1995	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address	. 5	4. FEI Number	Applied For
21 55720	Coorsi Course Rd	26 35720 Gags	CREEK KA	59-6571-994	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 Nov. Bo
23 LEESBU		28 / F38URG	<i>F</i> Z	Trust Fund Contribution	Added to Fees
Zip 24 <b>3478</b> 3	Country	20000 20h	Country	8. This corporation has liability for int	angible tax under s. 199.032,
1 7 COO	9. Name and Address of Curren	29 <b>31788 Z846</b>	30 LAKE		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name.					
STEWART, NANCY L					
82 Street Address (P.O. Boy Number is Not Acceptable)					
130C COOK DRIVE					
LEESBURG FL 34786-2846					
			84 City	25 52	85 Zip Code
11 Pursuant	to the provisions of Sections 517 0500	224 C17 1500 C1 11 01 11	Lea	EBURG	
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					
Tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registfred agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		Registered Agent signature i		DATE
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	
NAME	Babski, Benjamine j	<b>7</b>	1.2 NAME	BLYMYER, DOROTHY	Change  Addition
STREET ADDRESS	24 DEBORAH AVE		1.3 STREET ADDRESS	35329 LOLE BRADLEY	70-3
CITY - ST - ZIP	ASTATULA FL 34705		1.4 CITY - ST- 2IP	LEESBURG FL 34788	v.
TITLE	D	DELETE	2.1 TITLE	DIRECTOR	Change Addition
NAME	Morton, Herbert	_	2.2 NAME	MARTINIA MARTINIA	Change Addition
STREET ADDRESS	1302 OAK DR		2 3 STREET ADDRESS	MORTON HERRERT	REGISTERED
CITY-ST-ZIP	LEESBURG FL 34788		2. 4 CITY-S1-ZIP	LEESBUTH FL 34788	AGENT
TITLE	D	DELETE	3.1 TITLE	ELECTRICA   C TILL	Change  Addition
NAME	STEWART, NANCY L		3.2 NAME	_	Change Addition
STREET ADDRESS	36720 GOOSE CREEK RD		3 3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34786		34 CITY-ST-ZIP		ł
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		Change
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIP		1
TITLE		DELETE	61 TITLE	20000179	4 R B Grage Addition
NAME			6.2 NAME	30000178 -04/18/960100	3030
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	· 747
CITY-ST-ZIP			6 A CITY ST. 7ID		17,17
14. I do hereby	y certify that the information supplied wi	ith this filing is voluntarily furnish	ned and does not qua	lify for the exemption stated in Section 119.07	3)(k) Florida Statutes Uturber

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

G OFFICER OR DIRECTOR