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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003632 (5)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

35720 GOOSE CREEK RD  
LEESBURG FL 34788-2846

35720 GOOSE CREEK RD  
LEESBURG FL 34788-2846

3. Date Incorporated or Qualified

**08/01/1995**

4. FEI Number

**59-6571994**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORTON, HERBERT  
1302 OAK DRIVE  
LEESBURG FL 34788**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D BLYMYER, DOROTHY**  
STREET ADDRESS **35329 LAKE BRADLEY DR.**  
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ DELETE

NAME **D MORTON, HERBERT**  
STREET ADDRESS **1302 OAK DR**  
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ DELETE

NAME **D GILLOTTI, VIRGIL**  
STREET ADDRESS **32647 PALM AVE.**  
CITY-ST-ZIP **TAVARES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Dim Eldridge**  
**2714 Puttern Court**  
**EWING, FL 32726**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Bill Jackson**  
**11841 S. Shelley Drive**  
**Leesburg, FL 34788**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Dean Stuart**  
**8 Aberdeen Circle**  
**Leesburg, FL 34788**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Don Wickman**  
**1008 Todd Way**  
**TAVARES, FL 32778**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**Howard Reed**  
**666 Mint Drive**  
**Leesburg, FL 34788**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

**Herbert Morton**

**1-13-98 352-483-**

CR2E037 (10/97)