

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90014 024 ****61.25

DOCUMENT # N95000003632

1. Entity Name
**THE GRAND ISLAND FREE METHODIST LIGHT AND LIFE
CHAPEL, INC.**



Principal Place of Business

**35720 GOOSE CREEK RD
LEESBURG, FL 34788**

Mailing Address

**35720 GOOSE CREEK RD
LEESBURG, FL 34788**



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6571994

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JACKSON, BILL
11841 S SHELLEY DRIVE
LEESBURG, FL 34788**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D - T**
NAME **STADDON, CATHERINE (Steddom)**
STREET ADDRESS **211 FERN CT**
CITY-ST-ZIP **LEESBURG, FL 34788 34748**

TITLE **T**
NAME **LEE, JOAN (Delete)**
STREET ADDRESS **9705 HICKORY HOLLOW RD 18**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE **CD T**
NAME **JACKSON, WILLIAM A**
STREET ADDRESS **11841 S. SHELLEY DRIVE**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE **T**
NAME **Matthew C. Smith**
STREET ADDRESS **35720 Goose Creek Rd.**
CITY-ST-ZIP **Leesburg, FL 34788**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William A. Jackson WILLIAM A. JACKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-04

Date

352 5898424

Daytime Phone #