

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000004804

1. Entity Name

GRACE UNITED METHODIST CHURCH, INC., ST.
AUGUSTINE, FLORIDA



Principal Place of Business

Mailing Address

8 CARRERA ST.
ST. AUGUSTINE FL 32084

8 CARRERA ST.
ST. AUGUSTINE FL 32084

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3532125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, J.B.
603 ANDREW AVE.
SAINT AUGUSTINE FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DS ☐ Delete
NAME MERRITT, PAULA
STREET ADDRESS 8 CARRERA ST.
CITY-STATE-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ Delete
NAME MACMULLEN, RICHARD
STREET ADDRESS 8 CARRERA ST.
CITY-STATE-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ Delete
NAME GILMORE, HERBERT
STREET ADDRESS 8 CARRERA ST.
CITY-STATE-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ Delete
NAME EDWARDS, BOB
STREET ADDRESS 8 CARRERA ST.
CITY-STATE-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

U00000646188
03/06/07-80020-010 61.25

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Dale Y. Merritt* SECRETARY

FEB 11, 2007