

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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55 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandria B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N9400000671 (7)**

1. Corporation Name  
**GRACE FAMILY CHURCH OF NORTH TAMPA, INC.**

Principal Place of Business Mailing Address  
**4329 GUNN HWY TAMPA FL 33624** **4329 GUNN HWY TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/03/1994</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>59-3223784</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. The corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
	<b>P.O. BOX 274073</b> <b>TAMPA, FL</b> <b>33688</b>

9. Name and Address of Current Registered Agent  
**ALTMAN, CRAIG**  
**4329 GUNN HWY**  
**TAMPA FL 33624**

10. Name and Address of New Registered Agent  
81 Name **CRAIG ALTMAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5111 NASHVILLE DR.**  
83  
84 City **TAMPA** FL 85 Zip Code **33624**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE *Craig Altman* (Signature, typed or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>ALTMAN, CRAIG</b> <b>9203 KINGSRIDGE DR</b> <b>TAMPA FL 33637</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>DP</b> <b>ALTMAN, CRAIG</b> <b>5111 NASHVILLE DR.</b> <b>TAMPA, FL 33624</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV</b> <b>ALTMAN, DEBORAH</b> <b>9203 KINGSRIDGE DR</b> <b>TAMPA FL 33637</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<b>DV</b> <b>ALTMAN, DEBORAH</b> <b>5111 NASHVILLE DR.</b> <b>TAMPA, FL 33624</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST</b> <b>BROOKS, DALE A</b> <b>519 CRESTOVER DR</b> <b>TAMPA FL 33617</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Craig Altman* (Signature AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR) **4/27/95** **813-265-4151** (Date) (Phone Number)