

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000671 (7)**

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



Principal Place of Business: **4329 GUNN HWY TAMPA FL 33624**
Mailing Address: **P O BOX 274083 TAMPA FL 33688 US**

3. Date Incorporated or Qualified: **02/03/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3223784	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	28
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALTMAN, CRAIG
5111 NASHVILLE DR
TAMPA FL 33624**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	13521 WESTSHIRE DR		TAMPA	FL 33618

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: **CRAIG ALTMAN - PRESIDENT** DATE: **4/4/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, CRAIG	1.2 NAME	
STREET ADDRESS	5111 NASHVILLE DR	1.3 STREET ADDRESS	13521 WESTSHIRE DR.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33618
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, DEBORAH	2.2 NAME	
STREET ADDRESS	511 NASHVILLE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DALE A	3.2 NAME	
STREET ADDRESS	519 CRESTOVER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DV CHRISTIAN BONHAM
STREET ADDRESS		4.3 STREET ADDRESS	16706 VALLELY DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33618
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DST DOUGLAS HINDERS
STREET ADDRESS		5.3 STREET ADDRESS	15142 NIGHTHAWK
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33625
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D ANGEL DEL MONTE
STREET ADDRESS		6.3 STREET ADDRESS	15210 AMBERLY DR #1022
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA, FL 33647

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 119.07(3)(k), 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* DATE: **4/4/96** 813-265-4151

CR2E037 (12/95)