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Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90031 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000000671

1. Corporation Name

GRACE FAMILY CHURCH OF NORTH TAMPA, INC.

Principal Place of Business

822 W LINEBAUGH TAMPA FL 33612 US

Mailing Address

P O BOX 274083 TAMPA FL 33688 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/03/1994

4. FEI Number

59-3223784

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ALTMAN, CRAIG 13521 WESTSHIRE DR TAMPA FL 33618

10. Name and Address of New Registered Agent

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

*Craig Altman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-99

12. OFFICERS AND DIRECTORS

TITLE DP  DELETE

NAME ALTMAN, CRAIG STREET ADDRESS 13521 WESTSHIRE DR CITY-ST-ZIP TAMPA FL

TITLE DV  DELETE

NAME BONHAM, CHRISTIAN STREET ADDRESS 16706 VALLEY DR CITY-ST-ZIP TAMPA FL

TITLE D  DELETE

NAME LAYTON, MICHAEL STREET ADDRESS 14520 THORNFIELD CT CITY-ST-ZIP TAMPA FL

TITLE DST  DELETE

NAME HINDERS, DOUGLAS STREET ADDRESS 15142 NIGHTHAWK CITY-ST-ZIP TAMPA FL

TITLE D  DELETE

NAME DEL MONTE, ANGEL STREET ADDRESS 15210 AMBERLY DR 1022 CITY-ST-ZIP TAMPA FL

TITLE  DELETE

NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

13519 WESTSHIRE DR. TAMPA FL 33618

6.1 TITLE  Change  Addition

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, with all other like empowered.

SIGNATURE:

*Craig Altman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2-4-99

DAYTIME PHONE #

813-265-4151

CR2E037 (11/98)