

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90100 012 ****61.25

DOCUMENT # N94000000671

1. Entity Name

GRACE FAMILY CHURCH OF NORTH TAMPA, INC.

Principal Place of Business

Mailing Address

822 W LINEBAUGH
 TAMPA FL 33612
 US

P O BOX 274083
 TAMPA FL 33688-4083
 US

2. Principal Place of Business

3. Mailing Address

5101 VAN DYKE RD.

5101 VAN DYKE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Lutz FL

4. FEI Number

59-3223784

Applied For

Not Applicable

Zip

33549

Country

HILLSBOROUGH

Zip

33549

Country

HILLSBOROUGH

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

**ALTMAN, CRAIG
 13521 WESTSHIRE DR
 TAMPA FL 33618**

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.

SIGNATURE

Craig Altman

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

(NOTE: Registered Agent signature required when reinstating)

3/13/00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **ALTMAN, CRAIG**
 STREET ADDRESS **13521 WESTSHIRE DR**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **BONHAM, CHRISTIAN**
 STREET ADDRESS **16706 VALLEY DR**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LAYTON, MICHAEL**
 STREET ADDRESS **14520 THORNFIELD CT**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** Delete
 NAME **HINDERS, DOUGLAS**
 STREET ADDRESS **15142 NIGHTHAWK**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DEL MONTE, ANGEL**
 STREET ADDRESS **13517 WESTSHIRE DR**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Craig Altman
SIGNATURE REQUIRED CRAIG ALTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-265-4151

CR2E037 (9/99)