

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90276 026 ****61.25

DOCUMENT # N94000000671

1. Entity Name

GRACE FAMILY CHURCH OF NORTH TAMPA, INC.

Principal Place of Business

Mailing Address

5101 VAN DYKE RD
 LUTZ FL 33549
 US

5101 VAN DYKE RD
 LUTZ FL 33549
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3223784

Applied For

Not Applicable

Zip

Country

Zip

Country

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 _____

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**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **DIRECTOR**
Joy Sutton
 STREET ADDRESS **17325 LINDA VISTA CIRCLE**
 CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
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 **DIRECTOR**
KEITH CORBIN
 STREET ADDRESS **13732 WESTSHIRE DR.**
 CITY-ST-ZIP **TAMPA FL 33618**

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: _____

SIGNATURE REQUIRED
CRAIG ALTMAN

1-22-01

83-265-4151

Date

Daytime Phone #

CR2E037 (10/00)