


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90507 041 ****61.25

DOCUMENT # N9400000671
 1. Entity Name
GRACE FAMILY CHURCH OF NORTH TAMPA, INC.



Principal Place of Business Mailing Address
 5101 VAN DYKE RD 5101 VAN DYKE RD
 LUTZ, FL 33558 US LUTZ, FL 33558 US

39040060



04162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3223784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALTMAN, CRAIG
13521 WESTSHIRE DR
TAMPA, FL 33618

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALTMAN, CRAIG 13521 WESTSHIRE DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BONHAM, CHRISTIAN 16706 VALLEY DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREASEN, ALLAN 5517 VAN DYKE RD LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HINDERS, DOUGLAS 15142 NIGHTHAWK Drive TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL MONTE, ANGEL 13517 WESTSHIRE DR TAMPA, FL RARDEN, BARB 12909 TAR FLOWCE DR. TAMPA FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIN, KEITH 13732 WESTSHIRE DR TAMPA, FL 33618

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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 4/19/04 813-265-4151
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR U61e Daytime Phone #