


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90018 014 \*\*\*\*61.25

**DOCUMENT # N94000000671**  
 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 LUTZ FL 33558  
 US US

30012137



1st MOORE CR2E037 (10/04)

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**  
 ALTMAN, CRAIG  
 13521 WESTSHIRE DR  
 TAMPA FL 33618

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due: By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	ALTMAN, CRAIG	
STREET ADDRESS	13521 WESTSHIRE DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BONHAM, CHRISTIAN	
STREET ADDRESS	16706 VALLEY DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREASEN, ALLAN	
STREET ADDRESS	5517 VAN DYKE RD	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HINDERS, DOUGLAS	
STREET ADDRESS	15142 NIGHTHAWK	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> Delete
NAME	RARDEN, BARB	
STREET ADDRESS	12909 TAR FLOWER DR.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORBIN, KEITH	
STREET ADDRESS	13732 WESTSHIRE DR	
CITY-ST-ZIP	TAMPA FL 33618	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Boratta	
STREET ADDRESS	2117 Boot Lake Circle	
CITY-ST-ZIP	Tampa, FL 33612	

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* **CRAIG ALTMAN** 01-25-05 (813) 265-4151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #