

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000671

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: GRACE FAMILY CHURCH OF NORTH TAMPA, INC.

**Current Principal Place of Business:**

5101 VAN DYKE RD  
LUTZ, FL 33558 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 VAN DYKE RD  
LUTZ, FL 33558 US

**New Mailing Address:**

FEI Number: 59-3223784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALTMAN, CRAIG  
13521 WESTSHIRE DR  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ALTMAN, CRAIG  
Address: 13521 WESTSHIRE DR  
City-St-Zip: TAMPA, FL 33618

Title: DV ( ) Delete  
Name: BONHAM, CHRISTIAN  
Address: 16706 VALLEY DR  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: ANDREASEN, ALLAN  
Address: 5517 VAN DYKE RD  
City-St-Zip: LUTZ, FL 33558

Title: ST ( ) Delete  
Name: HINDERS, DOUGLAS  
Address: 15142 NIGHTHAWK  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: YNES, ANDREW  
Address: 5517 VAN DYKE ROAD  
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete  
Name: BARATTA, STEVE  
Address: 2117 BOOT LAKE CIRCLE  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN ANDREASEN

D

01/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date