

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000671

FILED
Jan 31, 2009
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: KELLY, RONN
Address: 10562 GREENSPRINGS DRIVE
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
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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 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: MICHAEL CALL

BA

01/31/2009

Electronic Signature of Signing Officer or Director

Date