

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90030 005 ****61.25

DOCUMENT # N94000000671

1. Entity Name

GRACE FAMILY CHURCH OF NORTH TAMPA, INC.



Principal Place of Business

**5101 VAN DYKE RD
LUTZ FL 33549
US**

Mailing Address

**5101 VAN DYKE RD
LUTZ FL 33549
US**

2. Principal Place of Business

5101 VAN DYKE RD.

3. Mailing Address

5101 VAN DYKE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

Zip

33558

Country

HILLSBOROUGH

Zip

33558

Country

HILLSBOROUGH

4. FEI Number

59-3223784

Applied For

Not Applicable

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 _____

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP ALTMAN, CRAIG	<input type="checkbox"/> Delete
STREET ADDRESS	13521 WESTSHIRE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	DV BONHAM, CHRISTIAN	<input type="checkbox"/> Delete
STREET ADDRESS	16706 VALLEY DR	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	D SUTTON, JOY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	17325 LINDA VISTA CR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	DST HINDERS, DOUGLAS	<input type="checkbox"/> Delete
STREET ADDRESS	15142 NIGHTHAWK	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	D DEL MONTE, ANGEL	<input type="checkbox"/> Delete
STREET ADDRESS	13517 WESTSHIRE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	D CORBIN, KEITH	<input type="checkbox"/> Delete
STREET ADDRESS	13732 WESTSHIRE DR	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE NAME	D ALLAN ANDREASEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5517 VAN DYKE RD.	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE NAME	D ANDREW YNES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1033 WYNDHAM LAKES DRIVE	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE NAME	D BARB RARDEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12520 BRONCO DR.	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE NAME	D STEVE BARATTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2117 BOOT LAKE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33612-6510	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 **REQUIFORA** ALTMAN 1/17/03 (813)265-4151

CR2E037 (10/02)