

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007028

Entity Name: SAVING GRACE MINISTRIES OF TAMPA BAY, INC.**Current Principal Place of Business:**2831 TANGLEWYLDE DR
LAND O LAKES, FL 34638**Current Mailing Address:**2831 TANGLEWYLDE DR
LAND O LAKES, FL 34638**FEI Number:** 46-3414146**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REED, WILLIAM J
C/O REED & ASSOCIATES
2831 TANGLEWYLDE DR.
LAND O LAKES, FL 34638 US*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**Officer/Director Detail :**

Title	D
Name	TOWNER, DAVID
Address	2831 TANGLEWYLDE DR
City-State-Zip:	LAND O LAKES FL 34638

Title	DIRECTOR
Name	GRUBBS, JASON
Address	2831 TANGLEWYLDE DR
City-State-Zip:	LAND O LAKES FL 34638

Title	DIRECTOR
Name	KING, TERRY
Address	2831 TANGLEWYLDE DR
City-State-Zip:	LAND O LAKES FL 34638

Title	D
Name	REED, WILLIAM
Address	2831 TANGLEWYLDE DR
City-State-Zip:	LAND O LAKES FL 34638

Title	DIRECTOR
Name	RON, BENSON
Address	2831 TANGLEWYLDE DR
City-State-Zip:	LAND O LAKES FL 34638

I hereby 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 all other like empowered.

SIGNATURE: WILLIAMJ. REED**TREASURER****02/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date