

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-14-2001 90473 024 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744305

1. Entity Name

GRACE COVENANT CHURCH OF PALM HARBOR, INC.

Principal Place of Business

Mailing Address

2255 NEBRASKA AVE.
PALM HARBOR FL 34683

2255 NEBRASKA AVE.
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1818287

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKEY, THOMAS REV.
3922 ORCHARD HILL CIRCLE
PALM HARBOR FL 34684

Name

Ron Brightwell

Street Address (P.O. Box Number is Not Acceptable)

2547 Estanola Blvd.

City

Clearwater

FL

Zip Code

33761

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.

SIGNATURE

Ron Brightwell

3/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HICKEY, THOMAS Delete
STREET ADDRESS 3922 ORCHARD HILL CIRCLE
CITY-ST-ZIP PALM HARBOR FL

TITLE VD
NAME Dave Siple Change Addition
STREET ADDRESS 1283 Disston Ave.
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE TD
NAME PILCHER, LAVERNE A. Delete
STREET ADDRESS 2006 KAMENSKY RD.
CITY-ST-ZIP CLEARWATER FL

TITLE D
NAME Jonathan Uoder Change Addition
STREET ADDRESS 8215 Vassar Circle
CITY-ST-ZIP Tampa, FL 33634

TITLE VD
NAME BRIGHTWELL, RON Delete
STREET ADDRESS 10 BAYWOOD CT
CITY-ST-ZIP PALM HARBOR FL

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: **LaVerne A. Pilcher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-01
Date

727 447 5300
Daytime Phone #

CR2E037 (10/00)