

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749636

FILED
Jul 12, 2009
Secretary of State

Entity Name: GRACE CONNECTION OF TAMPA BAY, INC.

Current Principal Place of Business:

9752 55TH AVENUE N
ST. PETERSBURG, FL 33708

New Principal Place of Business:

5901 9TH AVENUE N.
ST. PETERSBURG, FL 33710

Current Mailing Address:

P.O. BOX 41734
ST. PETERSBURG, FL 33743

New Mailing Address:

5901 9TH AVENUE N.
ST. PETERSBURG, FL 33710

FEI Number: 59-2086161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, DENNIS M
9752 55TH AVENUE N
ST. PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

SMITH, DENNIS M
5901 9TH AVENUE N.
ST. PETERSBURG, FL 33710 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

07/12/2009

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LEWIS, DANIEL
Address: P.O. BOX 41734
City-St-Zip: ST. PETERSBURG, FL 33743

Title: ST () Delete
Name: SMITH, LISA A
Address: P.O. BOX 41724
City-St-Zip: ST. PETERSBURG, FL 33743

Title: P () Delete
Name: KELLEY, TIMOTHY
Address: P.O. BOX 41734
City-St-Zip: ST. PETERSBURG, FL 33743

Title: TD () Delete
Name: GOLDWORTHY, WAYNE
Address: P.O. BOX 41724
City-St-Zip: ST. PETERSBURG, FL 33743

Title: TD () Delete
Name: NORTON, ROBERT O
Address: P.O. BOX 41734
City-St-Zip: ST. PETERSBURG, FL 33743

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:

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: LISA A. SMITH

Electronic Signature of Signing Officer or Director

ST

07/12/2009

Date