

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90427 028 ****61.25

DOCUMENT # NO1000005194

1. Entity Name

~~GRACEPOINTE FELLOWSHIP, INC.~~

GracePointe Community Church, INC

Principal Place of Business

Mailing Address

2160 MORNINGSIDE DRIVE
 SAFETY HARBOR FL 34695

2160 MORNINGSIDE DRIVE
 SAFETY HARBOR FL 34695

2. Principal Place of Business

10309 Fernbrook Ln

3. Mailing Address

10309 Fernbrook Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33624

Country

USA

Zip

33624

Country

USA

4. FEI Number

59-3752752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOLMES, BYRON B
 2160 MORNINGSIDE DRIVE
 SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name Byron B. Holmes

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

10309 Fernbrook Ln

City Tampa

FL

Zip Code

33624

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

Byron B. Holmes

Byron B. Holmes

4-9-02

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
 Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
 NAME HOLMES, BYRON B
 STREET ADDRESS 2160 MORNINGSIDE DRIVE
 CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE DV
 NAME STRAYER, WILLIAM S
 STREET ADDRESS 8120 MOONLIGHT LANE
 CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE DT
 NAME KLEIN, PETER
 STREET ADDRESS 10608 HATTERAS DRIVE
 CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE DS
 NAME Stephen mastro
 STREET ADDRESS 7194 Shoal Line Blvd
 CITY-ST-ZIP Spring Hill FL 34607 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Byron B. Holmes

DATE

4-9-02 813-269-2150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)