

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005194

FILED
Apr 19, 2004
Secretary of State

Entity Name: GRACEPOINTE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

10309 FERNBROOK LN
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

10309 FERNBROOK LN
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3752752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, BYRON B
10309 FERNBROOK LN
TAMPA, FL 33624

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOLMES, BYRON B
Address: 2160 MORNINGSIDE DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DT () Delete
Name: KLEIN, PETER
Address: 10608 HATTERAS DRIVE
City-St-Zip: TAMPA, FL 33615

Title: VD () Delete
Name: ARAMANDA, DENNIS
Address: 905 SYLVIA LANE
City-St-Zip: TAMPA, FL 33613

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BYRON B. HOLMES

DP

04/19/2004

Electronic Signature of Signing Officer or Director

Date