

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005194

FILED  
Apr 25, 2005  
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 US

**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: DP (X) Change ( ) Addition  
Name: HOLMES, BYRON B  
Address: 10309 FERNBROOK LANE  
City-St-Zip: TAMPA, FL 33624

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: DROULLARD, JOSHUA  
Address: 11846 LARK SONG LOOP  
City-St-Zip: RIVERVIEW, FL 33569

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: JOSHUA DROULLARD

VD

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date