2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100005194

1. Entity Name

GRACEPOINTE COMMUNITY CHURCH, INC.



FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90078 042 ****61.25

				WE .				
Principal Plac	ce of Business	Ņ	Mailing Address .					
10909 FERNBROOK LN			0309 FERNBROOK LN AMPA FL 33624					
						L IL e ni ee rii ee rii ee ki ab iik ab iil ee k	LE REITE KERT EN	(H c a a i i aa i
2. Principal Place of Business 3. M.			. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number 59-3752752			plied For t Applicable
Zip	Country		Zip	Cip Country		5. Certificate of Status Desired See Requir		
	6. Name and	Address of Current Regi	stered Agent	and the second s	- 7. Name and Addre	ess of New Registered A	gent	-
				Name				ļ
	S, BYRON B	.		Street Address		(P.O. Box Number is Not Acceptable)		
	ERNBROOK LN							
TAMPA F	FL 33624							
				City		FL	Zip Code	,
8 The above	named entity sub	omits this statement for the	nurnose of changing its	registered office or regis	tered agent or both in th		 amiliar with	and accept
	tions of registered		purpose of changing its i	egistered office of regis	tered agent, or both, in th	le Glate Gri Forida. Tamin	zermeen vereet,	and decept
			0	ı				
SIGNATURE .	Buron 1	<u>b. Holmes, P</u>	resident +10	Stor		<u> </u>	<u>03</u>	
	Signature, typed or prii	ted name of registered agent and title	e if applicable. (NOTE.	Registered Agent signature requi	ired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor					\$5.00 May Be Added to Fees	Make Check Florida Depart		
10.		OFFICERS AND DIRECT	ORS	I 11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIF	ECTORS IN	10
TITLE	DP	OTTIOCHO AND BITICOT	☐ Delete	TITLE	7 DOTTIONO, OTTANAL	3 10 C/1102/1101/1102 D/I	Change	☐ Addition
NAME	HOLMES, BYF	ON B	L Doine	NAME				
STREET ADDRESS	2160 MORNIN	gside drive		STREET ADDRESS				ĺ
CITY-ST-ZIP	SAFETY HARE	30R FL 34695	4	CITY-ST-ZIP				
TITLE	DV		Delete	TITLE .			Change	☐ Addition
NAME	STRAYER, WI			NAME				
STREET ADDRESS	8120 MOONL			STREET ADDRESS				
CITY-ST-ZIP		CHEY-FL 34654		- CITY-ST-ZIP ~	*	er were er e n er som er		
TITLE	DT, DS			TITLE			Change	☐ Addition
NAME			☐ Delete	TITLE			□ Change	I
	KLEIN, PETER		☐ Delete	NAME			Change	
STREET ADDRESS CITY-ST-ZIP	10608 HATTE	ras drive	☐ Delete				change	ļ
STREET ADDRESS CITY-ST-ZIP	10608 HATTEI TAMPA FL 33	ras drive	,	NAME STREET ADDRESS CITY-ST-ZIP				Addition
STREET ADDRESS	10608 HATTE	RAS DRIVE 615	□ Delete	NAME STREET ADDRESS			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	10608 HATTE TAMPA FL 33 DS	RAS DRIVE 615 PHEN	,	NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	10608 HATTE TAMPA FL 33 DS MASTRO, STE	RAS DRIVE 615 PHEN LINE BLVD	,	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10608 HATTEI TAMPA FL 33 DS MASTRO, STE 7194 SHOAL SPRING HILL	RAS DRIVE 615 PHEN LINE BLVD FL 34607	,	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Addition
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12. I hereby certify that the information supplied with this filling 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 allyother like empowered.

SIGNATURE:

MATU LA MECURED

3-9-03

813-269-2150