


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-21-2008 90016 039 ****61.25

DOCUMENT # N11351 1. Entity Name GRACE COMMUNITY CHURCH OF PALM HARBOR, INC.					
Principal Place of Business 2255 NEBRASKA AVENUE PALM HARBOR, FL 34683			Mailing Address 2255 NEBRASKA AVENUE PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1818287	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIGHTWELL, RONALD 3127 SOUTH CANAL DRIVE PALM HARBOR, FL 34684				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	NAME BRIGHTWELL, RONALD			<input type="checkbox"/> Delete	
STREET ADDRESS 3127 SOUTH CANAL DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684				
TITLE T/D	NAME BIERWEILER, RAYMOND			<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 650 SPRING LAKE CIRCLE	CITY-ST-ZIP TARPOON SPRINGS, FL 34688				
TITLE D	NAME CHAPMAN, JAMES			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2665 SEAMORA TERRACE	CITY-ST-ZIP PALM HARBOR, FL 34683				
TITLE T	NAME SVENSON, GREGORY			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2340 ELLA PLACE	CITY-ST-ZIP CLEARWATER, FL 33765				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Gregory Svenson</i> Gregory Svenson				3/9/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
Daytime Phone #				727-789-2124	