

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19089 (4)

1. Corporation Name
GRACE EVANGELICAL CHURCH OF TAMPA, INC.



Principal Place of Business
**24 ADALIA AVE.
TAMPA FL 33606
US**

Mailing Address
**24 ADALIA AVE.
TAMPA FL 33606
US**

3. Date Incorporated or Qualified
02/04/1987

3a. Date of Last Report
06/15/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 15646 Indian Queen Dr.	26 15646 Indian Queen Dr.	59-2775205	<input type="checkbox"/>
22 Odessa, FL	27 Odessa, FL	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 33556	28 Odessa, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33556	29 33556	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country Hillsborough	Country Hillsborough		

9. Name and Address of Current Registered Agent

**POINTER, DAVID M.
24 ADALIA AVE.
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
15646 Indian Queen Dr

83

84 City **Odessa.** FL 85 Zip Code **33556**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **David M. Pointer** **David M. Pointer** **3-3-96**

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POINTER, DAVID M.	
STREET ADDRESS	24 ADALIA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POINTER, JO ANN	
STREET ADDRESS	24 ADALIA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAWLEY, JAMES	
STREET ADDRESS	11707 TWIN MAPLE PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOTTOMLEY, JOHN R	
STREET ADDRESS	1580 BRIDGEWATER LN	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKMAN, JAMES R	
STREET ADDRESS	3215 SWANN AVE APT 14	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, WILLIAM R	
STREET ADDRESS	8405 N GOMEZ AVE	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15646 Indian Queen Dr
1.4 CITY-ST-ZIP	Odessa, FL 33556
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15646 Indian Queen Dr
2.4 CITY-ST-ZIP	Odessa FL 33556
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **David M. Pointer** **David M. Pointer** **3/3/96** **813-920-0893**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)