


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19089 (4)
 1. Corporation Name
GRACE EVANGELICAL CHURCH OF TAMPA, INC.

Principal Place of Business 1420 N. FLORIDA AVENUE TAMPA FL 33602 US	Mailing Address 8102 STONEFIELD WAY TAMPA FL 33635
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3. Date Incorporated or Qualified
02/04/1987

4. FEI Number
59-2775205

Applied For
 Yes Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

POINTER, DAVID M.
15646 INDIAN QUEEN DRIVE
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POINTER, DAVID M.	1.2 NAME	
STREET ADDRESS	15646 INDIAN QUEEN DRIVE	1.3 STREET ADDRESS	8102 Stonefield Way
CITY-ST-ZIP	ODESSA FL	1.4 CITY-ST-ZIP	Tampa, FL 33635
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POINTER, JO ANN	2.2 NAME	
STREET ADDRESS	15646 INDIAN QUEEND RIVE	2.3 STREET ADDRESS	8102 Stonefield Way
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	Tampa, FL 33635
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWLEY, JAMES	3.2 NAME	D
STREET ADDRESS	11707 TWIN MAPLE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTOMLEY, JOHN R	4.2 NAME	STD
STREET ADDRESS	1580 BRIDGEWATER LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMAN, JAMES R	5.2 NAME	
STREET ADDRESS	3215 SWANN AVE APT 14	5.3 STREET ADDRESS	3216 King Richard Ct.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Seffner, FL 33584
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Jonathan A. Pointer
STREET ADDRESS		6.3 STREET ADDRESS	7027 Drury ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa, FL 33635

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **1-19-98** **813-273-6649**

CR2E037 (10/97)