


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90084 048 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19089**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/04/1987

4. FEI Number

59-2775205

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Election Campaign Financing



**\$5.00 May Be Added to Fees**

Trust Fund Contribution

9. Name and Address of Current Registered Agent

POINTER, DAVID M.

15640 INDIAN QUEEN DRIVE-  
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name **David M. Pointer**

82 Street Address (P.O. Box Number is Not Acceptable)

**8102 Stonefield Way**

83

84 City **Tampa**

**FL**

85 Zip Code **33635**

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*

**3/29/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POINTER, DAVID M.	
STREET ADDRESS	8102 STONEFIELD WAY	
CITY-ST-ZIP	TAMPA FL 33635	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	POINTER, JO ANN	
STREET ADDRESS	8102 STONEFIELD WAY	
CITY-ST-ZIP	TAMPA FL 33635	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HAWLEY, JAMES	
STREET ADDRESS	11707 TWIN MAPLE PLACE	
CITY-ST-ZIP	TAMPA FL	

TITLE	STD	<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	3216 KING RICHARD CT	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POINTER, JONATHAN A	
STREET ADDRESS	7027 DRURY ST	
CITY-ST-ZIP	TAMPA FL 33635	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *David M. Pointer* **SIGNATURE REQUIRED**

**3/29/99**

**813-273-6649**

Date

Daytime Phone #

CR2E037-(11/98)