

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90035 032 ****70.00

DOCUMENT # N19089

1. Entity Name

GRACE EVANGELICAL CHURCH OF TAMPA, INC.

Principal Place of Business

Mailing Address

1420 N. FLORIDA AVENUE
 TAMPA FL 33602
 US

8102 STONEFIELD WAY
 TAMPA FL 33635-6334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2775205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POINTER, DAVID M
8102 STONEFIELD WAY
TAMPA FL 38635

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

D
 Pointer, Jonathan A
 8106 Stonefield Way
 Tampa, FL 33635

CR2E037 (9/99)

12. 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID M. POINTER** DATE **5/16/00** DAYTIME PHONE # **813-818-8163**