

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 24, 2002 8:00 am
Secretary of State**

02-24-2002 90058 041 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2775205

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	POINTER, DAVID M.	8102 STONEFIELD WAY	TAMPA FL 33635				
VD	POINTER, JO ANN	8102 STONEFIELD WAY	TAMPA FL 33635				
STD	BOTTOMLEY, JOHN R	1580 BRIDGEWATER LN	TAMPA FL				
D	BLACKMAN, JAMES R	3216 KING RICHARD CT	SEFFNER FL 33584				
D	POINTER, JONATHAN A	8106 STONE FIELD WAY	TAMPA FL 33635				

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: *David M. Pointer* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)