

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19089

FILED
Apr 30, 2007
Secretary of State

Entity Name: GRACE EVANGELICAL CHURCH OF TAMPA, INC.

Current Principal Place of Business:

1420 N. FLORIDA AVENUE
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

8102 STONEFIELD WAY
TAMPA, FL 33635 US

New Mailing Address:

FEI Number: 59-2775205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POINTER, DAVID M
8102 STONEFIELD WAY
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POINTER, DAVID M
Address: 8102 STONEFIELD WAY
City-St-Zip: TAMPA, FL 33635 US

Title: VD () Delete
Name: POINTER, JOANN
Address: 8102 STONEFIELD WAY
City-St-Zip: TAMPA, FL 33635 US

Title: ST () Delete
Name: BOTTOMLEY, JOHN R
Address: 1580 BRIDGEWATER LN
City-St-Zip: TAMPA, FL 33558 US

Title: D () Delete
Name: BLACKMAN, JAMES R
Address: 3216 KING RICHARD CT
City-St-Zip: SEFFNER, FL 33584 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. POINTER

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date