FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001510 (6)

1. Corporation Name
GRACE CHRUCH OF TAMPA, INC.

Principal Place of Business	Mailing Address
612 S GREENWOOD AVE CLEARWATER FL 34616	612 S GREENWOOD AVE CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report:
4. FEI Number: 59-3244539 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 7710 Ann Ballard Rd	26 7710 Ann Ballard Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33634 Country 25 USA	Zip 29 Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REGISTERED CORPORATE AGENTS INC
612 S GREENWOOD AVE
CLEARWATER FL 34616

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WHALEY, H H	12 NAME	
STREET ADDRESS	6201 ADELIA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33616	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GREEN, LEWIS Y	22 NAME	
STREET ADDRESS	6336 S RENELLIE CT	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33616-1339	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	OSBORNE, CECIL	32 NAME	
STREET ADDRESS	113 BEE STREET	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TUCKER, TOM	42 NAME	
STREET ADDRESS	3813 W IOWA AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33616	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ANTONIO	52 NAME	
STREET ADDRESS	5215 S WESTSHORE BLVD APT 54	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611-5665	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	REDMOND, KYONG H	62 NAME	
STREET ADDRESS	3902 W IOWA AVE	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33616	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Lewis Y. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019420