

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90022 041 ****61.25

DOCUMENT # N94000001510

1. Corporation Name

GRACE CHURCH OF TAMPA, INC.

Principal Place of Business

5812 SHERIDAN RD
5607 INTERBAY BLVD
TAMPA FL 33611
US
(5812)

Mailing Address

6201 ADELIA AVENUE
TAMPA FL 33616
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/23/1994

4. FEI Number

59-3244539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	DP	6201 ADELIA AVE	TAMPA FL	
	WHALEY, H H			
	D	6336 S RENELLIE CT	TAMPA FL 33616-1339	<input checked="" type="checkbox"/> DELETE
	GREEN, LEWIS Y			
	D	113 BEE STREET	TAMPA FL 33611	<input checked="" type="checkbox"/> DELETE
	OSBORNE, CECIL			
	D	3739 25TH AVE NORTH	ST PETERSBURG FL	<input checked="" type="checkbox"/> DELETE
	MCSMITH, JERRI M			
	D	6321 S RENELLIE CT	TAMPA FL	<input type="checkbox"/> DELETE
	EBRIGHT, ROBRET			
	D	2626 TYSON	TAMPA FL	<input type="checkbox"/> DELETE
	REDMOND, KYONG H			

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 checked="" type="checkbox"/> Addition
2.2 NAME	D WHALEY, BETTY
2.3 STREET ADDRESS	6201 ADELIA AVE
2.4 CITY-ST-ZIP	TAMPA, FLA, 33616
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D GREEN, JAMES
3.3 STREET ADDRESS	5405 Seilers
3.4 CITY-ST-ZIP	TAMPA FLA 33611
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D JOHNSON, ARVETER
4.3 STREET ADDRESS	3210 GANDY Blvd APT D
4.4 CITY-ST-ZIP	TAMPA, FLA 33611
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/99 813 837 0079

CR2E037 (5/99)