


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000004058 1. Entity Name GRACE BAPTIST CHURCH OF WEST PASCO, INC.	
---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 27 PM 2:36

Principal Place of Business 11803 SR. 52 BAYONET POINT FL 34669	Mailing Address P.O. BOX 7171 BAYONET POINT FL 34674
---	--



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

mf MOORE CR2E037 (11/03)

4. FEI Number 59-3258389	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent HILDEBRANDT, MICHAEL C 7706 SYLVAN DR BAYONET PT FL 34667	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400030066534 03/03/04--01037--004 **70.00 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T CARCAGNO, CLARE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 B GULF WAY	NAME	
STREET ADDRESS	HUDSON FL 34667	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HILDIEBRANDT, MICHAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7706 SYLVAN DR.	NAME	
STREET ADDRESS	HUDSON FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T BECK, CLIFFORD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16488 TOMAHAWK ST.	NAME	
STREET ADDRESS	HUDSON FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Michael C. Hildebrandt* **MICHAEL C. HILDEBRANDT** 2/18/04 861-2636 (727)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #