


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004058**  
 1. Entity Name  
**GRACE BAPTIST CHURCH OF NORTH TAMPA BAY, INC.**



Principal Place of Business      Mailing Address  
**7706 SYLVAN DR.**      **P.O. BOX 7171**  
**BAYONET POINT, FL 34667**      **BAYONET POINT, FL 34674**

**DO NOT WRITE IN THIS SPACE**



04022006 No Chg-NP      CR2E037 (11/05)

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 PASTOR**  
**7708 SYLVAN DR**  
**BAYONET PT, FL 34667**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	CARCAGNO, CLARE
STREET ADDRESS	800 B GULF WAY
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	HILDEBRANDT, MICHAEL
STREET ADDRESS	7708 SYLVAN DR.
CITY-ST-ZIP	HUDSON, FL
TITLE	T
NAME	BECK, CLIFFORD
STREET ADDRESS	16488 TOMAHAWK ST.
CITY-ST-ZIP	HUDSON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000501002  
 04/25/06-80044-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I'm empowered.

SIGNATURE: *Michael C. Hildebrandt*      **MICHAEL C. HILDEBRANDT**      4/3/06 (722) 861-2636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #