


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000004058 1. Entity Name GRACE BAPTIST CHURCH OF NORTH TAMPA BAY, INC.	
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Principal Place of Business 7706 SYLVAN DR. BAYONET POINT, FL 34667	Mailing Address P.O. BOX 7171 BAYONET POINT, FL 34674
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3258389	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HILDEBRANDT, MICHAEL C PASTOR 7706 SYLVAN DR BAYONET PT, FL 34667
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**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000706821 04/24/07-88848-022 78.80
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARCAGNO, CLARE 800 B GULF WAY HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILDEBRANDT, MICHAEL 7706 SYLVAN DR. HUDSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BECK, CLIFFORD 16488 TOMAHAWK ST. HUDSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

SIGNATURE Michael C. Hildebrandt **MICHAEL C. HILDEBRANDT** 4/10/07 (727) 861-2636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #