2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
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. BAYONET POINT, FL 34667	P.O. BOX 7171 BAYONET POINT, FL 34674

04112008 No Chg-NP CR2E037 (4/06)

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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
7706 SYLVAN DR
BAYONET PT, FL 34667

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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, 2008

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	HILDIEBRANDT, MICHAEL
STREET ADDRESS	7706 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	
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 4/11/08 (727)861-2636
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #