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Mar 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000020 (6)

1. Corporation Name
GRACE EPISCOPAL CHURCH OF TAMPA, INC.

Principal Place of Business	Mailing Address
~~15310 AMBERLY DRIVE~~ 15102 AMBERLY DR ~~SUITE 250~~ TAMPA FL 33647	~~15310 AMBERLY DRIVE~~ 15102 AMBERLY DR ~~SUITE 250~~ TAMPA FL 33647

3. Date Incorporated or Qualified: 12/30/1994

4. FEI Number: 59-3291466 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOOPER, REV. LARRY D
~~15310 AMBERLY DRIVE~~ 15102 AMBERLY DR
~~SUITE 250~~
TAMPA FL 33647

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 Larry D Hooper LARRY D. HOOPER 1/29/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STINSON, ED		1.2 NAME	DAVE THORESEN	
STREET ADDRESS	16817 WINDSOR PARK DR		1.3 STREET ADDRESS	8705 BAY LAUREL CT.	
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	TAMPA FL 33647	
TITLE	S	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GARDNER, VICTORIA		2.2 NAME	ROLAND D. SATCHELL	
STREET ADDRESS	18918 FAIRWOOD CT		2.3 STREET ADDRESS	9502 LARKBUNTING DR	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GENTRY, BILL		3.2 NAME	BILL RICH	
STREET ADDRESS	9619 FOX HEARST DR		3.3 STREET ADDRESS	18923 FAIRWOOD CT	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURGESS, FRANK		4.2 NAME		
STREET ADDRESS	18001 PALM BREEZE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GUSS, NANCY		5.2 NAME		
STREET ADDRESS	1248 DOCKSIDE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, DIANNE		6.2 NAME		
STREET ADDRESS	16124 ANCROFT COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [illegible] DAVID THORESEN 2/3/98