FILE NOW: FILING FEE IS $61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90084 032 ****61.25

0051724

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000020

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

Principal Place of Business	Mailing Address
15102 AMBERLY DR TAMPA FL 33647 US	15102 AMBERLY DR TAMPA FL 33647 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/30/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3291466 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOOPER, REV. LARRY D
~~15910 AMBERLY DRIVE~~
~~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)
15102 AMBERLY DR

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☒ DELETE	1.1 TITLE	T ☒ Change ☐ Addition
NAME	STINSON, ED		1.2 NAME	Lord, Robert S.
STREET ADDRESS	16817 WINDSOR PARK DR		1.3 STREET ADDRESS	9350 Wellington Park Circle
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, VICTORIA		2.2 NAME	
STREET ADDRESS	18918 FAIRWOOD CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	THORESEN, DAVE		3.2 NAME	Tucker, James H.
STREET ADDRESS	8705 BAY LAUREL CT		3.3 STREET ADDRESS	4907 Ebensburg Drive
CITY-ST-ZIP	TAMPA FL 33647		3.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	D	☒ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BURGESS, FRANK		4.2 NAME	Lord, Linda A.
STREET ADDRESS	18001 PALM BREEZE DR		4.3 STREET ADDRESS	9350 Wellington Park Circle
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STACHELL, ROLAND D		5.2 NAME	
STREET ADDRESS	9502 LARK BUNTING DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33647		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RICH, BILL		6.2 NAME	
STREET ADDRESS	18923 FAIRWOOD CT		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Robert S. Lord 1/15/99 (813) 973-1809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FUTURE REQUIRED