2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000020

1. Entity Name

GRACE EPISCOPAL CHURCH OF TAMPA, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90264 038 ****61.25

Principal Place of Business	Mailing Address
15102 AMBERLY DR TAMPA FL 33647 US	15102 AMBERLY DR TAMPA FL 33647-1618 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HOOPER, REV. LARRY D~~ 15102 AMBERLY DR TAMPA FL 33647	Name: CAIN, REV CANON G ROBERT Street Address (P.O. Box Number is Not Acceptable): 15102 AMBERLY DR City: TAMPA FL Zip Code: 33647

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.

SIGNATURE G.R.Cain G.R. CAIN (PASTOR) 2/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LORD, ROBERT S 9350 WELLINGTON PARK CIRCLE TAMPA FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RYAN, WILLIAM 9205 HIGHLAND RIDGEWAY TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARDNER, VICTORIA 18918 FAIRWOOD CT TAMPA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARMON, SARAH 16016 GATWICK CT TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUCKER, JAMES H 4907 EBENSBURG DR TAMPA FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REAHARD, BO 5012 BELMONT RD TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORD, LINDA A 9350 WELLINGTON PARK CIRCLE TAMPA FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMON, JOSEPH 18730 FOREST GLEN CT TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STACHELL, ROLAND D 9502 LARK BUNTING DR LUTZ FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, JOHN 7137 WAREHAM DR TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICH, BILL 18923 FAIRWOOD CT TAMPA FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRNE, NANCY 9759 FOX HOLLOW RD TAMPA, FL 33647	☐ Change ☑ Addition

CR2E037 (9/99)

12. 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 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: G.R. Cain G.R. CAIN 2/11/00 (813) 971-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #