2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90441 021 ****61.25

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DOCUMENT # N95000000020

1. Entity 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

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
CAIN, G. ROBERT 15102 AMBERLY DR TAMPA FL 33647	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	VP MANEY, ERNEST L 16027 PENWOOD DR. TAMPA FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERT K FOSTER 28342 OPENFIELD LOOP WESLEY CHAPEL FL 33543	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARMON, SARAH 16016 GATWICK CT TAMPA FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHN HARGREAVES 13845 SANCTUARY DR TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REAHARD, BO 5012 BELMONT RD TAMPA FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFF LECK 18133 LONGWATER RUN DR TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMON, JOSEPH 18730 FOREST GLEN CT TAMPA FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAUREEN KOLOSKY 17813 ARBOR GREENE DR TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PARKER, JOHN 7137 WARE HAM DR TAMPA FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD POLLENZ 16016 PENWOOD DR TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRNE, NANCY 9759 FOX HOLLOW RD TAMPA FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICKI QUINLIVAN 8324 TORRINGTON AVE TAMPA, FL 33647	☐ Change ☑ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 4/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #