2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State
07-06-2004 90115 004 ****61.25

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

07022004 Chg-NP CR2E037 (10/03)

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

~~CAIN, S. ROBERT~~
15102 AMBERLY DR
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name THE REV DOCTOR ROBERT J MARTIN, JR
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE REV DR ROBERT J MARTIN, JR The Rev. Robert J Martin DATE 7-2-04.
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 September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEIR, GEORGE 17814 ARBOR GREENE DR. TAMPA, FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DENNIS LOOMIS 15901 KENTCT TAMPA, FL 33647	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRISON, SUSAN 16306 ARMSTRONG PL TAMPA, FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAM TURNER 9623 FOX HEARST RD TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARGREAVES, JOHN 15845 SANCTUARY DR. TAMPA, FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARINUS VANDENENDE 6002-PALM SHADOW WAY #1239 TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LECK, JEFF 18133 LONGWATER RUN DR. TAMPA, FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMANDA AUSTELL 9816 CREEK CROSS ST TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOLOSKY, MAUREEN 17813 ARBOR GREENE DR. TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE ELLIS 4922 EBENSBURG DR TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOGDANOFF, DENNIS 19136 DOVECREEK DR. TAMPA, FL 33647	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Dennis Loomis 7/2/04 813 971 8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #