2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 06, 2004 8:00 am Secretary of State

DOCUMENT # N9500000020 1. Entity Name GRACE EPISCOPAL CHURCH OF TAMPA, INC.					07-06-2004	4 90115 004 **	**61.25
15102 AMBERLY DR		Mailing Address 15102 AMBERLY DR TAMPA, FL 33647 L	15102 AMBERLY DR				
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (10/	03)
City & State		City & State		4. FEI Number 59-3291	466	-	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired	□ \$8.75 Fee Re	Additional
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	ddress of New	Registered Agent	
CAIN, S. ROBERT 15102 AMBERLY DR TAMPA, FL 33647				S. REV <u>Do</u> ess (P.O. Box Number		le)	METIN, SE
	named entity submits this statement for	or the purpose of changing its	City registered office or r	istered agent, or both,	in the State of F	FL	Code with, and accept
the obligat	lions of registered agent. REV "DK ROMEKT J /	MAKTIN JR	The 1	es. Value	A.	Martin	7-2-04
	Signature, typed or printed name of registered agent		: Registered Agent signature	quired when reinstating)		DATE	
		t and title if applicable. (NOTE	npaign Financing	s5.00 May Be Added to Fees		DATE Make check paya	
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE 9. Election Carr Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Flo	Make check paya	of State
D	Filing Fee Is \$61.25 ue by September 8, 2004 OFFICERS AND DI VP WEIR, GEORGE 17814 ARBOR GREENE DR.	t and title if applicable. (NOTE 9. Election Carr Trust Fund C	npaign Financing contribution. [\$5.00 May Be Added to Fees ADDITIONS/CHAR DENNIS L.	NGES TO OFFICE	Make check paya rida Department ERS AND DIRECTO	of State RS IN 10
D 10. TITLE NAME STREET ADDRESS	Filling Fee Is \$61.25 ue by September 8, 2004 OFFICERS AND DI VP WEIR, GEORGE	s and title if applicable. (NOTE 9. Election Carr Trust Fund C	npaign Financing contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHAP	FIGES TO OFFICE DOMIS TCT 3364 RNER HEARST	Make check paya orida Department ERS AND DIRECTO Ch	of State RS IN 10 ange
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IO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee Is \$61.25 ue by September 8, 2004 OFFICERS AND DI VP WEIR, GEORGE 17814 ARBOR GREENE DR. TAMPA, FL 33647 D HARRISON, SUSAN 16306 ARMSTRONG PL TAMPA, FL 33647 T HARGREAVES, JOHN 15845 SANCTUARY DR.	9. Election Carr Trust Fund C	Inpaign Financing contribution. C 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHAI DENNIS L. 5901 KEN FAMPA, FL MAPA, FL AKINUS VAN AKINUS VAN TAMPA, FL MANDA A 816 CRE	FIGES TO OFFICE OMIS TCT 3364 RNER HEARST 3364 OBENE SHAPON 3364	Make check paya orida Department ERS AND DIRECTO Ch 7 Ch 7 Ch 7 Ch Ch 7 Ch Ch	of State RS IN 10 ange
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12. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(i). Forda 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7/2/04

813 971 8484

Daytime Phone #