2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90373 028 ****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

1st MOORE CR2E037 (10/04)

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

~~MARTIN, ROBERT J JR~~
15102 AMBERLY DR
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name TWINAMAANI, BENJAMIN B.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE The Rev. Canon Benjamin B. Twinamaan 04/12/2005
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
Due By May 1, 2005

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 LOOMIS, DENNIS 15901 KENT CT TAMPA FL 33647	☑ Delete	VP DAVID KARPAN 16351 BURNISTON DR TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TURNER, WILLIAM 9623 FOX HEARST RD TAMPA FL 33647	☐ Delete	D WM PETERSON 11440 JEFFERSON RD THONOTOSASSA, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VANDENDE, MARINUS 6002 PALM SHADOW WAY #1239 TAMPA FL 33647	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUSTELL, AMANDA 9816 CREEK CROSS ST TAMPA FL 33647	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOLOSKY, MAUREEN 17813 ARBOR GREENE DR. TAMPA FL 33647	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, LAWRENCE 4922 EBENSBURG DR TAMPA FL 33647	☐ Delete		☐ 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: Benjamin B. Twinamaan 04/12/ (813)-971-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #