2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State
07-13-2007 90093 001 ****61.25
07-13-2007 90093 002 *****8.75

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

07082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
TWINAMAAN, BENJAMIN B 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Fr Benjamin Twinamaani, Rector 7/10/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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 KARPAN, DAVID 16351 BURNISTON DR TAMPA, FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRINNELL, LYNN D. 27808 SANTA ANITA BLVD WESLEY CHAPEL, FL 33544	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TURNER, WILLIAM 9623 FOX HEARST RD TAMPA, FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PATSKO, JOSEPH T. 16113 CONOVER COURT TAMPA, FL 33647	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, RODNEY 15824 FAICHILLO DR TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, MARK L. 1006 WOODCLIFF AVENUE TAMPA, FL 33613	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRINNELL, LYNN D 27808 SANTA ANITA BLVD WESLEY CHAPEL, FL 33544	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH, CHARLES 9554 PEBBLE GLEN AVENUE TAMPA, FL 33647.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSON, W M 11440 JEFFERSON RD THONOTOSASSA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, LAWRENCE 4922 EBENSBURG 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 exemptions contained in Chapter 119, 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 Twinamaani 7/10/07 813-971-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #