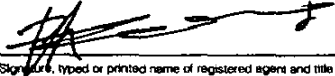


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 15102 AMBERLY DR TAMPA, FL 33647 US			Mailing Address 15102 AMBERLY DR TAMPA, FL 33647 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		07082007 Chg-NP CR2E037 (12/06)	
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 TWINAMAAN, BENJAMIN B 15102 AMBERLY DR TAMPA, FL 33647	
7. Name and Address of New Registered Agent 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 Twinammani, 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 GANNON, 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 CONDOVER 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 SLOVE 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. Twinammani 7/10/07 813-971-8484 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					