

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90103 032 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CAIN, G. ROBERT
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

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

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 MANEY, ERNEST L 16027 PENWOOD DR. TAMPA FL 33647	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOSTER, ROBERT K 28342 OPENFIELD LOOP WESLEY CHAPEL FL 33543	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARGREAVES, JOHN 15845 SANCTUARY DR. TAMPA FL 33647	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECK, JEFF 18133 LONGWATER RUN DR. TAMPA FL 33647	☐ Delete
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 POLLENZ, RICHARD 16016 PENWOOD DR TAMPA FL 33647	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEORGE WEIR 17814 ARBOR GREENE DR TAMPA FL 33647	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN HARRISON 16306 ARMSTRONG PI TAMPA FL 33647	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARGREAVES, JOHN	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS BOGDANOFF 19136 DOVECREEK DR TAMPA FL 33647	☐ Change ☒ Addition

CR2E037 (10/02)

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: **G RICHARDSON REQUIRED**

612carin 3/4/03 (813) 971 8484