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FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9600001069 (1)

GRACE EVANGELICAL EPISCOPAL CHURCH OF TAMPA INCO RPORATED

Principal Place of Business

Malling Address

APPROVED AND FILED

97 JUL 19 PM12: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

14409 N. NEBRASKA AVE. TAMPA FL 33613			14409 N. NEBRASKA AVE. TAMPA FL 33613-2226							
							3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1996		Report	
2. Principal Place of Business 2a. Mailing /			Address	**		4. FEI Number	'	Applied For		
21			26	26			59-3140168 Not Applicable			
Suite, Apt. #. etc.			Suite, Ap	Suite, Apt. #, etc.			SR 75 Additional			
22			27	27			5. Certificate of Status Desired Fee Required			
City & Stat	le		City & Si	late			6. Election Campaign Financing	\$5.0	O May Be	
23			28	28			Trust Fund Contribution Added to Fees			
Zip	ip Country Zip			Countr	Country 8. This corporation has liability for intangible taxonder s.			s. 199.032.		
24	2		29		30		Florida Statutes	Yes 🗹 No	,	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
					81	Name				
WRIGHT	, BRUCE D R	EV.			82	Stroot Ado	dropp (R.O. Boy Number in Not Assental	ala)		
		WNS BLVD. #506	ې بى ايىم.		02	1777	dress (P.O. Box Number is Not Acceptated TRMEMA GALE			
	FL 33647		paulaes		83	1.4.	1) / Puriwola Digital	· CICCU		
4										
-					64	City A	noa	FL 85 3	-Code	
11. Pursuant	to the provision	s of Sections 617.050	02 and 617 1508 I	Florida Statute	as the abou	o namad sar	reprotion nubraits this statement for the	 	36/2	
office or r	registered agen	it, or both, in the State	of Florida. Such	change was a	uthorized b	y the corpora	ation's board of directors. I hereby accept	of the appointment a	its registered is registered	
₹ agent. i a	ım tamıllar wilh,	and accept the oblig	jations of, Section	617.0503, Flo	orida Statute	\$.	·	• •	0	
SIGNATURE	Discourse London									
12.	Signature, typed or	printed name of registered ag		(NOTE		ent signature requ	ured when reinstating)	DATE		
TITLE	President		DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC			
			, .	T) DEFEIE	1.1 TITLE			∐ Change	Addition	
NAME		ce o. Wight	_		1,2 NAME					
STREET ADDRESS		menia bubles			1.3 STREE	ADDRESS				
CITY-ST-ZIP	Taupe	7/ 33613			1.4 CITY - :	ST-ZIP				
TITLE		ITHUSLINEY (()	DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	Clause in	4765			2.2 NAME					
STREET ADDRESS		Immenia Okbles	Circle		2.3 STREE	ADDRESS				
CITY-ST-ZIP	Tage :	21 33613			2 4 City-	ST-ZIP			-	
TITLE	' ' (D)		DELETE	3.1 TITLE			Change	☐ Addition	
NAME	DR. Russ	III. Mecla	usher		3.2 NAME					
STREET ADDRESS	4706 Va	ell T. Mecla line Circle	177 FL		3.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP	Mount	11 TN 381	41		3.4. CITY-	SI-ZIP			j	
TITLE		,		DELETE	4.1 TITLE			☐ Change	Addition	
NAME					4. 2 NAME			•		
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 CITY - 5					
TITLE				DELETE	5.1 TITLE		-	☐ Change	Addition	
NAME	•				5.2 NAME			C. Milgo		
STREET ADDRESS					5.3 STREET	ADDRESS	.			
CITY-ST-ZIP	-						معادمات (۱۷			
TITLE	· · · · ·			DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP	A vilala	Change	Addition	
NAME			t	4 Perent	1		,	LI Change	☐ Addition	
					6.2 NAME				1	
STREET ADDRESS					6.3 STREET		~	□ Change		
1017-81-7IP					C 4 O(T)/ C	T 700	1 \ 4 ~			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Prock 13 If charged, or on an attachment with a address.

CR2E037 (9/96)