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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001111 (1)

1. Corporation Name

PLACE OF GRACE COMMUNITY CHURCH, INC.

Principal Place of Business

7209 N CHURCH AVE
TAMPA FL 33614

Mailing Address

7209 N CHURCH AVE
TAMPA FL 33614-2607

3. Date Incorporated or Qualified
02/29/1996

3a. Date of Last Report
OUR FIRST

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3363879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOCKMAN, WILLIAM F SR
7209 N CHURCH AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LOCKMAN, WILLIAM F SR
STREET ADDRESS 7209 N CHURCH AVE
CITY-ST-ZIP TAMPA FL 33614 ☐ DELETE

TITLE VD
NAME LOCKMAN, LOVE N
STREET ADDRESS 7209 N CHURCH AVE
CITY-ST-ZIP TAMPA FL 33614 ☐ DELETE

TITLE TD
NAME HELLWIG, JIM
STREET ADDRESS 2336 BROOKVIEW CIRCLE
CITY-ST-ZIP TAMPA FL 33634 ☐ DELETE

TITLE SD
NAME MOSELEY, MAY
STREET ADDRESS 2515 W NORTH ST
CITY-ST-ZIP TAMPA FL 33614 ☐ DELETE

TITLE D
NAME BRYANT, ROBERT
STREET ADDRESS 7820 EGYPT LAKE DR
CITY-ST-ZIP TAMPA FL 33614 ☐ DELETE

TITLE D
NAME HARRISON, GENE
STREET ADDRESS 4804 RIDGE POINT DR
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME CARL CHANDLER
1.3 STREET ADDRESS 4520 W. HIAWATHA
1.4 CITY-ST-ZIP TAMPA, FL 33614 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME SUSAN BABBONTIN
2.3 STREET ADDRESS 1713 N. ALEXANDER DRIVE
2.4 CITY-ST-ZIP TAMPA, FL 33603 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME Debbie HARRISON
3.3 STREET ADDRESS 4804 RIDGE POINT DR.
3.4 CITY-ST-ZIP TAMPA, FL 33624 ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

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 Statutes. 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: William F. Lockman Sr. 4/18/97 813-887-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048159

CR2E037 (9/96)