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FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001111 (1)**

1. Corporation Name

**PLACE OF GRACE COMMUNITY CHURCH, INC.**



Principal Place of Business <b>7209 N CHURCH AVE TAMPA FL 33614</b>	Mailing Address <b>7209 N CHURCH AVE TAMPA FL 33614</b>
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3. Date Incorporated or Qualified

**02/29/1996**

4. FEI Number

**59-3363873**

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> DELETE
NAME	<b>PD LOCKMAN, WILLIAM F SR</b>
STREET ADDRESS	<b>7209 N CHURCH AVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33614</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD LOCKMAN, LOVE N</b>
STREET ADDRESS	<b>7209 N CHURCH AVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33614</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD HELLWIG, JIM</b>
STREET ADDRESS	<b>2336 BROOKVIEW CIRCLE</b>
CITY-ST-ZIP	<b>TAMPA FL 33634</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD MOSELEY, MAY</b>
STREET ADDRESS	<b>2515 W NORTH ST</b>
CITY-ST-ZIP	<b>TAMPA FL 33614</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>B BRYANT, ROBERT</b>
STREET ADDRESS	<b>7820 EGYPT LAKE DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33614</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>H HARRISON, GENE</b>
STREET ADDRESS	<b>4804 RIDGE POINT DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Director MARK Proffitt</b>
1.3 STREET ADDRESS	<b>5005 Gilbert Ave</b>
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33615</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Director SUSAN BALBONTIN</b>
2.3 STREET ADDRESS	<b>5820 N. Church Ave.</b>
2.4 CITY-ST-ZIP	<b>TAMPA, FL 33614</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

**Wm. F. Lockman**

**4/26/98 813-887-3318**

CR2E037 (10/97)