Applied For

\$8.75 Additional

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600001111

1. Corporation Name

PLACE OF GRACE COMMUNITY CHURCH, INC.

Principal Place of Business												
7209 N CHURCH AVE TAMPA FL 33614												

2. Principa Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

7209 N CHURCH AVE TAMPA FL 33614

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27



04-26-1999 90220 041 ****61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

02/29/1996

59-3363873

4. FEI Number

23		28											
Zip	Country	Zip	Cou	ntry			6. Election	n Campaign	Financing	П			1ay Be
24	25	29	30					und Contrib		Added to Fees			
	9. Name and Address of Current	Registered Agent				1	0. Name	and Addre	ss of New F	Registered A	\gent		
				81	Name								
LUCKMAN	I, WILLIAM F SR			82	Street A	Ardrass	/P O Box	x Number is	Not Accent:	able)			
	I CHURCH AVE				Olloot F	10000	(1 .0. 50	, Hantoon to	тог лосора	ubio,			
TAMPA FL				83						-			
IAMPA FL	_ 33014			<u> </u>							7227		
					City					FL	85	Zip C	
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 naine of registered agent :	and title if applicable. (NOT)	: Registered	Agent s	ignature re	equired wh	en reinstating)) —————		DATE		-	
12.	OFFICERS AND		13.				ADDITI	ONS/CHAN	GES TO OF	FICERS AN	D DIR	ECTOR	
TITLE	PD	☐ DELETE	1.1 717	TLE S		5D					☐ Ch	ange	Addition
NAME	LOCKMAN, WILLIAM F SR		1.2 NA	ME		JAN	HELL	.W6_		. –			ĺ
STREET ADDRE 3S	7209 N CHURCH AVE		1.3 ST	REETA	DORESS	733	6 Bro	OKVIEN	JURCE	K			
CITY-ST-ZIP	TAMPA FL 33614		1.4 CF	TY-ST-2	ZIP	TAMI	DA FL	336	34				
TITLE	VD	☐ DELETE	2.1 TIT								CH	ange	☐ Addition
NAME	LOCKMAN, LOVE N		2.2 NA	ME									
STREET ADDRESS			2.3 ST	REETA	DORESS								
CITY-ST-ZIP	TAMPA FL 33614		2.4 C	TY-ST-	ZIP								
TITLE	TD	☐ DELETE	3.1 TIT	3.1 TITLE							CH	ange	☐ Addition
NAME	HELLWIG, JIM		3.2 NA	ME									
STREET ADDRE 3S	2336 BROOKVIEW CIRCLE		3.3 ST	REETA	DDRESS								
CITY-ST-ZIP	TAMPA FL <u>33634</u>		3.4. CI	TY-ST-	ZIP								
TITLE	SU	DELETE_	4.1 111	LE							다	ange	Addition
NAME	MOSELEY, MAY		4. 2 N	AME									
STREET ADDRE 3S	2515 W NOBTH ST	_	4.3 ST	REETA	DDRESS								
CITY-ST-ZIP	TAMPA FL 33614		4.4 CI	TY-ST-2	ZIP								
TITLE '	D	☐ DELETE	5.1 TIT	TLE							다	nange	Addition
NAME	PROFFITT, M		5.2 NA	WE									
STREET ADDRE 3S	5005 GILBERT AVE		5.3 ST	REETA	DORESS								
CITY-ST-ZIP	TAMPA FL 33615			TY-ST-	ZIP				· · · · · · · · · · · · · · · · · · ·				
TITLE	D	☐ DELETE		6.1 TITLE							CI	ange	☐ Addition
NAME	BALBONTIN, S		6.2 NA	ME									
STREET ADDRE 3S	5820 N CHURCH AVE		6.3 ST	REETA	DDRESS								ļ
CATY-ST-ZIP	TAMPA FL 33614			TY-ST-	1								
14. I hereby o	certify that the information supplied with	this filing does not qualify fo	r the exer	mptio	n stated	ir Sect	ion 119.0	7(3)(i), Floric	la Statutes.	I further cert	ify tha	t the in	formation

ordicated 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 recuired 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, with all other like empowered.

SIGNATURE:

William F. LOCKMAN 4/22/99