

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90031 029 ****61.25

DOCUMENT # N96000001111

1. Entity Name

PLACE OF GRACE COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

**7209 N CHURCH AVE
TAMPA FL 33614**

**7209 N CHURCH AVE
TAMPA FL 33614-2607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3363873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOCKMAN, WILLIAM F SR	
STREET ADDRESS	7209 N CHURCH AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOCKMAN, LOVE N	
STREET ADDRESS	7209 N CHURCH AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HELLWIG, JIM	
STREET ADDRESS	2336 BROOKVIEW CIRCLE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HELLWIG, JAN	
STREET ADDRESS	7336 BROOKVIEW CIRCLE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROFFITT, M	
STREET ADDRESS	5005 GILBERT AVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALBONTIN, S	
STREET ADDRESS	5820 N CHURCH AVE	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE	SECRETARY-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET KECK	
STREET ADDRESS	15807 Cottontail Place	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William F. Lockman* **WILLIAM F. LOCKMAN**

4/17/00

813-887-3318

CR2E037 (9/99)