

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90020 021 \*\*\*\*70.00

**DOCUMENT # N96000001111**

1. Entity Name  
**PLACE OF GRACE COMMUNITY CHURCH, INC.**



Principal Place of Business  
**6624 HANLEY RD.  
TAMPA, FL 33634**

Mailing Address  
**7336 BROOKVIEW CIRCLE  
TAMPA, FL 33634**

2. Principal Place of Business

3. Mailing Address  
**P O BOX 20911**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**TAMPA FLORIDA**

Zip

Country

Zip  
**33622**

Country

**HILLSBOROUGH**

03022004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3363873**

Applied For  
Not Applicable

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

**HELLWIG, JAMES A  
7336 BROOKVIEW CIRCLE  
TAMPA, FL 33634**

Name **Francisco Vera**

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

**6619 N Manhattan Avenue**

City **Tampa**

FL Zip Code  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**Francisco Vera, Treasurer**

**3/2/04**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **COIT, RICHARD**  
STREET ADDRESS **10707 CROWNGATE LANE**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☒ Delete  
NAME **TORMASCHY, SUSAN**  
STREET ADDRESS **P.O. BOX 25783**  
CITY-ST-ZIP **TAMPA, FL 33622**

TITLE ☒ Delete  
NAME **HELLWIG, JIM**  
STREET ADDRESS **7336 BROOKVIEW CIR.**  
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete  
NAME **KECK, JANET**  
STREET ADDRESS **15807 COTTONTAIL PLACE**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Delete  
NAME **DEBERNARDI, ANTHONY**  
STREET ADDRESS **1713 N ALEXANDER RD**  
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Chris Greene**  
STREET ADDRESS **924 E Lambricht Avenue**  
CITY-ST-ZIP **Tampa Florida 33604**

TITLE ☐ Change ☒ Addition  
NAME **Francisco Vera**  
STREET ADDRESS **6619 N Manhattan Avenue**  
CITY-ST-ZIP **Tampa Florida 33614**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Francisco Vera, Treasurer 3/2/04 813-249-7177**

Date

Daytime Phone #