

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90095 022 ****61.25

DOCUMENT # N96000001111

1. Entity Name

PLACE OF GRACE COMMUNITY CHURCH, INC.



Principal Place of Business

**7336 BROOKVIEW CIRCLE
TAMPA FL 33634**

Mailing Address

**7336 BROOKVIEW CIRCLE
TAMPA FL 33634**

2. Principal Place of Business

6624 HANLEY RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

Zip

33634 USA

Country

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

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

7. Name and Address of New Registered Agent

Name **HELLWIG, JAMES A**

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

City

FL

Zip Code

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] TD

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME **COIT, RICHARD**

TITLE **D** ☐ Delete
NAME **TORMASCHY, SUSAN**
STREET ADDRESS **P.O. BOX 25783**
CITY-ST-ZIP **TAMPA FL 33623**

TITLE ☐ Change ☐ Addition
NAME **TAMPA, FL 33622**

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

TITLE ☐ Change ☐ Addition
NAME **7336 BROOKVIEW CIRCLE**

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

TITLE ☐ Change ☐ Addition
NAME **OK**
STREET ADDRESS **15807 COTTONTAIL PLACE**

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

TITLE ☐ Change ☐ Addition
NAME **OK**
STREET ADDRESS **1713 N ALEXANDER RD**

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

TITLE ☐ Change ☐ Addition
NAME **OK**
STREET ADDRESS **1713 N ALEXANDER RD**

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] REQUIRED

1-5-03

(813) 886-4149

CR2E037 (10/02)