

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90080 026 ****61.25

DOCUMENT # N98000004144

1. Corporation Name

GRACE FELLOWSHIP CHURCH, INC.

Principal Place of Business

4949 MABRISA DRIVE #613
TAMPA FL 33624

Mailing Address

4949 MABRISA DRIVE #613
TAMPA FL 33624



* 3 9 8 3 6 5 - 9 0 0 8 0 - 2 6 5 *



2. Principal Place of Business

21 17734 MORNINGHIGH DR
Suite, Apt. #, etc.

2a. Mailing Address

26 17734 MORNINGHIGH DR.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/21/1998

4. FEI Number

58-2349453

Applied For

Not Applicable

22 City & State

23 LUTZ FL

24 Zip Country

33549 25

27 City & State

28 LUTZ FL

29 Zip Country

33549 30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HINES, JAMES P
315 SOUTH HYDE PARK AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 D ☐ DELETE

NAME DEGEYTER, DAVID A
STREET ADDRESS 4949 MABRISA DRIVE #613
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ DELETE

NAME ALLEN, BONNY S
STREET ADDRESS 12406 QUEENSLAND PL
CITY-ST-ZIP TAMPA FL 33625

TITLE D ☐ DELETE

NAME OSSENBECK, CHRIS
STREET ADDRESS 9208 S EVANSTON PL #804
CITY-ST-ZIP TULSA OK 74137

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME DEGEYTER, DAVID A.
1.3 STREET ADDRESS 17734 MORNINGHIGH DR
1.4 CITY-ST-ZIP LUTZ FL 33549

2.1 TITLE D/T ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D/S ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

DAVID A. DEGEYTER 4-18-99 813-909-1676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)