I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE MEYERS

Electronic Signature of Signing Officer/Director Detail

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:

Officer/Director Detail :				
Title	ST	Title	Р	
Name	MEYERS, STEPHANIE L	Name	KELLEY, TIMOTHY	
Address	635 64TH STREET SOUTH	Address	P.O. BOX 41734	
City-State-Zip:	ST PETERSBURG FL 33707	City-State-Zip:	ST. PETERSBURG FL 33743	
Title	TRUSTEE			
Name	HOWLAND, DORRANCE			
Address	P. O. BOX 41734			
City-State-Zip:	ST. PETERSBURG FL 33743			

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MEYERS, STEPHANIE L 635 64TH STREET SOUTH ST PETERSBURG, FL 33707 US

P. O. BOX 41734

# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT# 749636**

Entity Name: GRACE CONNECTION OF TAMPA BAY, INC.

## **Current Principal Place of Business:**

635 64TH STREET SOUTH ST PETERSBURG, FL 33707

# **Current Mailing Address:**

ST. PETERSBURG. FL 33743

## FEI Number: 59-2086161

FILED May 25, 2019 Secretary of State 9877356884CC

Date

Certificate of Status Desired: No

SECRETARY/TREASURER

05/25/2019 Date