

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004023

Entity Name: GRIT AND GRACE, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

38 SOUTH 8TH ST  
DEFUNIAK SPRINGS, FL 32435

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1257  
DEFUNIAK SPRINGS, FL 32435 US

## New Mailing Address:

FEI Number: 59-3654250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ROBINSON, CRAIG S  
38 SOUTH 8TH ST  
DEFUNIAK SPRINGS, FL 32435 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HONNINGER, LATILDA  
Address: P.O. BOX 1257  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S ( ) Delete  
Name: WARD, RENAE  
Address: PO BOX 1257  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TD ( ) Delete  
Name: ROBINSON, ANGELICA  
Address: PO BOX 1257  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP ( ) Delete  
Name: BROUSSARD, JOHN  
Address: PO BOX 1257  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HENNINGER, LATILDA  
Address: P.O. BOX 1257  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S (X) Change ( ) Addition  
Name: PENTEL, MARY  
Address: PO BOX 1257  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TD (X) Change ( ) Addition  
Name: HUNT, VICTORIA  
Address: PO BOX 1257  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CRAIG S ROBINSON

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date