

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90014 040 ****61.25

DOCUMENT # N01000006337

1. Entity Name

M.C. GAVINS GRACE AND MERCY MINISTRIES, INC.

Principal Place of Business

Mailing Address

**4700 NEPTUNE DRIVE SOUTH EAST
 ST. PETERSBURG FL 33705**

**4700 NEPTUNE DRIVE SOUTH EAST
 ST. PETERSBURG FL 33705**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFI Number

Applied For

59-3709307

Not Applicable

Zip

Country

Zip

Country

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

**GAVINS, MARY C
 4700 NEPTUNE DRIVE SOUTH EAST
 ST. PETERSBURG FL 33705**

Name

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GAVINS, MARY C	
STREET ADDRESS	4700 NEPTUNE DRIVE SOUTH EAST	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEYES, WAVER	
STREET ADDRESS	1212 BURLINGTON AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCANTLING, MILA	
STREET ADDRESS	4301-TROUT-DRIVE SOUTH EAST	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, CARRON L	
STREET ADDRESS	7930 BAY POINTE, APT. #B7	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	T	<input type="checkbox"/> Delete
NAME	GAVINS, SARAH E	
STREET ADDRESS	4700 NEPTUNE DRIVE SOUTH EAST	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary C. Gavins*
MARY C. GAVINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 2002 **727-822-2027**
 Date Daytime Phone #

CR2E037 (9/01)