

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006337

FILED
Mar 11, 2005
Secretary of State

Entity Name: M.C. GAVINS GRACE AND MERCY MINISTRIES, INC.

Current Principal Place of Business:

4700 NEPTUNE DRIVE SOUTH EAST
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

4700 NEPTUNE DRIVE SOUTH EAST
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3709307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAVINS, MARY C
4700 NEPTUNE DRIVE SOUTH EAST
ST. PETERSBURG, FL 33705 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: PD () Delete
Name: GAVINS, MARY C
Address: 4700 NEPTUNE DRIVE SOUTH EAST
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D () Delete
Name: SMALLS, CASSANDRA
Address: 4511 21 ST AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: D () Delete
Name: SCANTLING, MILA
Address: 4301 TROUT DRIVE SOUTH EAST
City-St-Zip: ST. PETERSBURG, FL 33712

Title: S () Delete
Name: THOMAS, CARRON L
Address: 7930 BAY POINTE, APT. #B7
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: GAVINS, SARAH E
Address: 4700 NEPTUNE DRIVE SOUTH EAST
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change () Addition
Name: ELLIS, TASHA L
Address: 3797 37 TH STREET SOUTH. APT 106
City-St-Zip: ST. PETERSBURG, FL 33711

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY C. GAVINS

OD

03/11/2005

Electronic Signature of Signing Officer or Director

Date