

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N0100006337 1. Entity Name M.C. GAVINS GRACE AND MERCY MINISTRIES, INC.	
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Principal Place of Business 4700 NEPTUNE DRIVE SOUTH EAST ST. PETERSBURG, FL 33705	Mailing Address 4700 NEPTUNE DRIVE SOUTH EAST ST. PETERSBURG, FL 33705
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01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3709307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000581385
 01/10/07-80085-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAVINS, MARY C 4700 NEPTUNE DRIVE SOUTH EAST ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALLS, CASSANDRA 4511 21 ST AVE SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCANTLING, MILA 4301 TROUT DRIVE SOUTH EAST ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIS, TASHA L 3797 37 TH STREET SOUTH. APT 106 ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAVINS, SARAH E 4700 NEPTUNE DRIVE SOUTH EAST ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **1-6-07** **727-742-0887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #