

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006337

FILED  
Apr 08, 2009  
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: ELLIS, TASHA L  
Address: 3797 37 TH STREET SOUTH. APT 106  
City-St-Zip: ST. PETERSBURG, FL 33711

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

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: MARY C. GAVINS

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date