

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006601

FILED
Apr 17, 2009
Secretary of State

Entity Name: GRACE PLACE FOR CHILDREN AND FAMILIES, INC.

Current Principal Place of Business:

4300 21ST AVE SW
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 990531
NAPLES, FL 34116

New Mailing Address:

FEI Number: 65-1229558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, STEPHANIE
4300 21ST AVE. SW
NAPLES, FL 34116 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: ETZEL, W. THEODORE III
Address: 2628 WHITE CEDAR LANE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: ROBERT, THOMAS
Address: 2001 43RD LANE SW
City-St-Zip: NAPLES, FL 34116

Title: SD () Delete
Name: LANG, BARBARA
Address: 8482 GLENEAGLE WAY
City-St-Zip: NAPLES, FL 34120

Title: TD () Delete
Name: VLASHO, PATRICIA A
Address: 6525 CROWN COLONY PLACE #101
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: CARROLL, PATRICIA
Address: 118 DEBRON DR.
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: PLESSINGER, PHIL
Address: 7890 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BILL, HAZZARD
Address: 4366 BUTTERFLY ORCHID LANE
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change () Addition
Name: MCLAUGHLIN, JANE
Address: 7079 SUGAR MAGNOLIA CIRCLE
City-St-Zip: NAPLES, FL 34109

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

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

Title: VPD (X) Change () Addition
Name: PLESSINGER, PHIL
Address: 7890 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

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: W. THEODORE ETZEL, III

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date