

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006337

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

**FILED**  
**Apr 16, 2020**  
**Secretary of State**  
**1300247559CC**

**Current Principal Place of Business:**

12000 4TH STREET NORTH  
94  
ST. PETERSBURG, FL 33712

**Current Mailing Address:**

12000 4TH STREET NORTH  
APT. #94  
ST. PETERSBURG, FL 33716 US

**FEI Number: 59-3709307**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GAVINS, MARY C  
12000 4TH STREET NORTH  
APT. #94  
ST. PETERSBURG, FL 33716 US

*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

**Officer/Director Detail :**

Title PD  
Name GAVINS, MARY C  
Address 12000 4TH STREET NORTH  
APT.#94  
City-State-Zip: ST. PETERSBURG FL 33716

Title D  
Name KEY, ARNETTA  
Address 212 GILES PLACE  
City-State-Zip: STERLING VA 20164

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

Title S  
Name HARVEY, LAVERN  
Address 2785 56TH TER SOUTH  
APT 148  
City-State-Zip: ST. PETERSBURG FL 33712

Title T  
Name GAVINS, SARAH E  
Address 12000 4TH STREET NORTH  
APT.#94  
City-State-Zip: ST. PETERSBURG FL 33716

*I hereby 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 all other like empowered.*

**SIGNATURE: MARY C GAVINS**

**FOUNDER**

**04/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date