

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006337

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

**Current Principal Place of Business:**

2850 FREEMONT TERRACE SOUTH  
ST. PETERSBURG, FL 33712

**Current Mailing Address:**

1175 PINELLAS POINT DRIVE SOUTH  
APT. #99  
ST. PETERSBURG, FL 33705 US

**FEI Number:** 59-3709307

**Certificate of Status Desired:** No

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

GAVINS, MARY C  
1175 PINELLAS POINT DRIVE SOUTH  
APT. #99  
ST. PETERSBURG, FL 33705 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 1175 PINELLAS POINT DRIVE SOUTH  
APT. #99  
City-State-Zip: ST. PETERSBURG FL 33705

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 1175 PINELLAS POINT DRIVE SOUTH  
APT. #99  
City-State-Zip: ST. PETERSBURG FL 33705

*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

PD

02/07/2017

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

\_\_\_\_\_  
Date