

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006601

Entity Name: GRACE PLACE FOR CHILDREN AND FAMILIES, INC.**Current Principal Place of Business:**4300 21ST AVE SW
NAPLES, FL 34116**Current Mailing Address:**P.O. BOX 990531
NAPLES, FL 34116 US**FEI Number:** 65-1229558**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLARK, DONNA L
5162 MONZA COURT
NAPLES, FL 34142 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:** DONNA L. CLARK

02/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name MCGRATH, MICHAEL
Address 4300 21ST AVE SW
City-State-Zip: NAPLES FL 34116

Title TREASURER
Name MILLER, BRIAN
Address 4300 21ST AVE SW
City-State-Zip: NAPLES FL 34116

Title SECRETARY
Name GOODRICH, CRAIG
Address 4300 21ST AVE SW
City-State-Zip: NAPLES FL 34116

Title CHAIRMAN
Name BOSSCHER, JAMES
Address 5063 CERROMAR DRIVE
City-State-Zip: NAPLES FL 34112

Title CDO
Name LAMBERTSON, MARIANNE
Address 9699 WILSHIRE LAKES BLVD
City-State-Zip: NAPLES FL 34109

Title CEO
Name FISHER, LARA
Address 4300 21ST AVENUE SW
City-State-Zip: NAPLES FL 34116

Title CFO
Name CLARK, DONNA L
Address 4300 21ST AVENUE SW
City-State-Zip: NAPLES FL 34116

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: DONNA L CLARK

CFO

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date