

**2013 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

**FEI Number:** 65-1229558

**Certificate of Status Desired:** No

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

CAMPBELL, STEPHANIE  
4300 21ST AVE. SW  
NAPLES, FL 34116 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            VD  
Name            GRANDI, DON III  
Address        822 WYNDEMERE WAY  
City-State-Zip: NAPLES FL 34105  
  
Title            SEC  
Name            HAHN, NANCY  
Address        4687 POND APPLE DRIVE S.  
City-State-Zip: NAPLES FL 34119

Title            PD  
Name            PLESSINGER, PHIL  
Address        7890 NAPLES HERITAGE DRIVE  
City-State-Zip: NAPLES FL 34112  
  
Title            TD  
Name            HARE, TRISHA  
Address        3777 TAMIAMI TRAIL N #100  
City-State-Zip: NAPLES FL 34103

*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:** TRISHA HARE

**TD**

**04/30/2013**

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

\_\_\_\_\_  
Date