

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011341

Entity Name: PATH OF GRACE, INC.**Current Principal Place of Business:**860 EAST HEWETT RD
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**P.O. BOX 9261
MIRAMAR BEACH, FL 32550 US**FEI Number:** 26-1860103**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THE CRITZER LAW FIRM, P.A.
12889 US HIGHWAY 98 WEST
UNIT 110A
MIRAMAR BEACH, FL 32550 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:** S SCOTT CRITZER

03/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CRUNK, JOHN
Address 3018 CLUB DRIVE
City-State-Zip: DESTIN FL 32550

Title DIRECTOR
Name SPEIGNER, DEBBIE
Address 1341 SAN MARINO
City-State-Zip: MIRAMAR BEACH FL 32550

Title D
Name MANSFIELD, TIMOTHY EDWARD
Address 461 BAYSHORE DRIVE
City-State-Zip: MIRAMAR BEACH FL 32550

Title D
Name STOUSE, MAURICE
Address 188 SAVELLE DRIVE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D
Name JONES, PAUL B
Address 154 BAYTOWNE AVENUE N
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR
Name EMERSON, CLIF
Address 41 VANTAGE POINT
SUITE 110A
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR
Name STOUSE, JANINE
Address 188 SAVELLE DR
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name MCMURTRY, DANON
Address 225 WESTERN LAKE DR
City-State-Zip: SANTA ROSA BEACH FL 32459

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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: PAUL JONES

DIRECTOR

03/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCMURTRY, CHARLES
Address 225 WESTERN LAKE DR
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name WALKER, FRANK
Address 221 SCENIC GULF DR
UNIT 1040
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR
Name ANTHONY, JACK
Address 116 INDIAN BAYOU DR
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name GUDOIAN, RICK
Address 114 INDIAN BAYOU DR
City-State-Zip: DESTIN FL 32541