2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2020
Secretary of State
5058475097CC

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: No

Name and Address of Current Registered Agent:

BEPLAY, ELISHA
253 DIAMOND CV
DESTIN, FL 32541 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 02/10/2020

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

Title	D
Name	JONES, PAUL B
Address	154 BAYTOWNE AVENUE N
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	SPEIGNER, DEBBIE
Address	1341 SAN MARINO
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	DIRECTOR
Name	EMMERSON, CLIF
Address	41 VANTAGE POINT SUITE 110A
City-State-Zip:	MIRAMAR BEACH FL 32550

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: TIMOTHY EDWARD MANSFIELD DIRECTOR 02/10/2020

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