

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2004
Secretary of State**

DOCUMENT# N00000001594

Entity Name: PROJECT GRACE, INC.

Current Principal Place of Business:

401 CORBETT STREET, SUITE 250
CLEARWATER, FL 33756

New Principal Place of Business:

401 CORBETT STREET
SUITE 250
CLEARWATER, FL 33756

Current Mailing Address:

401 CORBETT STREET, SUITE 250
CLEARWATER, FL 33756

New Mailing Address:

401 CORBETT STREET
SUITE 250
CLEARWATER, FL 33756

FEI Number: 31-1699259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, MICHAEL H
401 CORBETT STREET, SUITE 250
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

KLINE, MICHAEL H
401 CORBETT STREET
SUITE 250
CLEARWATER, FL 33756 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:

01/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BASTA, LOFTY L MD
Address: 1180 GULF BLVD., #2101
City-St-Zip: CLEARWATER, FL 33767

Title: VD () Delete
Name: GELDART, MICHAEL JD
Address: 401 CORBETT STREET, STE. 250
City-St-Zip: CLEARWATER, FL 33756

Title: VD () Delete
Name: ALTEME, CELLILLON REV
Address: 401 CORBETT STREET, STE. 250
City-St-Zip: CLEARWATER, FL 33756

Title: STD () Delete
Name: KLINE, MICHAEL
Address: 401 CORBETT STREET, STE. 250
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL KLINE

STD

01/15/2004

Electronic Signature of Signing Officer or Director

Date