

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 13, 2005  
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:**

**Current Mailing Address:**

401 CORBETT STREET  
SUITE 250  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 31-1699259      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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:**

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

**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, CELILLON 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: PD (X) Change ( ) Addition  
Name: KARVER, SLOAN B MD  
Address: 835 POINT SEASIDE DRIVE  
City-St-Zip: CRYSTAL BEACH, FL 34681

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

Title: VD (X) Change ( ) Addition  
Name: LABYAK, MARY J MSSW  
Address: 401 CORBETT STREET, STE. 250  
City-St-Zip: CLEARWATER, FL 33756

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

01/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date