

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N00000001594

Entity Name: PROJECT GRACE, INC.

Current Principal Place of Business:

5771 ROOSEVELT BLVD
STE. 701
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

5771 ROOSEVELT BLVD
STE. 701
CLEARWATER, FL 33760

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:

LABYAK, MARY J
5771 ROOSEVELT BLVD
STE. 610
CLEARWATER, FL 33760 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: CD () Delete
Name: KARVER, SLOAN B MD
Address: 835 POINT SEASIDE DRIVE
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: SD () Delete
Name: PAGANINI, CYNTHIA A M.D.
Address: 5771 ROOSEVELT BLVD STE. 701
City-St-Zip: CLEARWATER, FL 33760

Title: P () Delete
Name: LABYAK, MARY J MSSW
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 33760

Title: TD () Delete
Name: MCDONALD, TRACY L CPA
Address: 1401 CRT. ST.
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: BRAGIN, STEPHEN M
Address: 13 BEL FOREST DR.
City-St-Zip: BELLE AIR BLUFFS, FL 33770

Title: D () Delete
Name: COFFIN, DAVID M
Address: 5771 ROOSEVELT BLVD STE. 701
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: SHIRLEY, PATRICIA OSF
Address: 3001 W MLK BLVD
City-St-Zip: TAMPA, FL 33607

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARY J LABYAK

P

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date