

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90031 011 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                     |                                                               |                                                                                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N02000000231</b><br>1. Entity Name<br><b>COMMUNITY OF GRATITUDE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |                                                                                     |                                                               |                                                                                                                                                                                                                                 |  |
| Principal Place of Business<br><b>16303 SOUTHEAST 137TH COURT<br/>WEIRSDALE, FL 32195</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |                                                                                     | Mailing Address<br><b>PO BOX 2021<br/>OCKLAWAHA, FL 32183</b> |                                                                                                                                                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>12361 SE 132nd Terrace</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                     |                                                                                                                                                                                                                                 |  |
| City & State<br><b>Ocklawaha, FL 32179</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                     | City & State<br>Suite, Apt. #, etc.                           |                                                                                                                                                                                                                                 |  |
| Zip<br><b>32179</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             | Country                                                                             |                                                               | Zip<br>Country                                                                                                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><b>HAGLE, TRACY<br/>16935 SE 104 TERR.<br/>SUMMERFIELD, FL 34491</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |                                                                                     |                                                               | 7. Name and Address of New Registered Agent<br>Name<br><b>Cecelia B. Revitz</b><br>Street Address (P.O. Box Number is Not Accepted)<br><b>15471 SE 175th St.</b><br>City<br><b>Weirsdale</b> <b>FL</b> Zip Code<br><b>32195</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>Cecelia B. Revitz</i></u> DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                           |                                                                                             |                                                                                     |                                                               |                                                                                                                                                                                                                                 |  |
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                               | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                          |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                                                     |                                                               |                                                                                                                                                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |                                                                                                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>SANFORD, DAN<br>14430 SE HWY 42<br>WEIRSDALE, FL 32195 <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | P<br>Cecelia B. Revitz<br>15471 SE 175th Street<br>Ocklawaha, FL 32195 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | VP<br>Charles Woodward<br>833 Bolivar St.<br>Lady Lake, FL 32159 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | T<br>Clement G. Schryver<br>12576 SE 97th Terrace R<br>Summerfield, FL 34491 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | D<br>Frances Jumet<br>12588 SE 143rd Court<br>Ocklawaha, FL 32179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | D<br>Jennifer Shaw<br>16915 SE 100th Court<br>Summerfield, FL 34491 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | D<br>Heather Tedder<br>10944 SE Hwy 42<br>Summerfield, FL 34491 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                    |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                             |                                                                                     |                                                               |                                                                                                                                                                                                                                 |  |
| SIGNATURE: <u><i>Cecelia B. Revitz</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                     | Cecelia B. Revitz, President 5/4/07      352-821-2641         |                                                                                                                                                                                                                                 |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |                                                                                     | <small>Date      Daytime Phone #</small>                      |                                                                                                                                                                                                                                 |  |

40115290



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4. FEI Number  
30-0025921      Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

ATTACHMENT

MARK FARNER, CPA, P.A.

40115290

Spruce Creek Professional Center  
10935 SE 177th Place, Suite 401  
Summerfield, Florida 34491  
Telephone: (352) 347-3131  
Fax: (352) 347-4460  
e-mail: maf@markfarnercpa.com

May 3, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Community of Gratitude, Inc.  
2007 Annual Report  
Document No. N02000000231

Dear Sir or Madam:

Community of Gratitude is a charitable non-profit organization located in Ocklawaha, Florida. Its primary mission is to provide food for local needy individuals and families who cannot afford to purchase all that is required to sustain themselves. The organization also provides school supplies for needy elementary school children.

During the past year, the organization experienced many changes of its officers and directors. The new officers responsible for administration were not familiar with the Annual Report and the filing requirement.

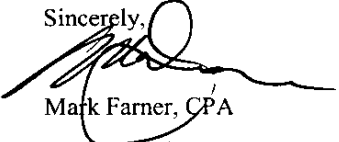
I discovered the Annual Report had not been filed on Tuesday, May 1<sup>st</sup> - the filing deadline. Several attempts to file the report via the Division's website were all unsuccessful. A message appeared on screen that stated the system was "unable to process your request at this time". I assumed the system was overwhelmed with last minute filers all trying to do the same thing. The problems continued the following day each time an attempt was made to access the site and download a printable report.

Today, May 3<sup>rd</sup> was the first day there was any success accessing the site.

The organization is filing the report via mail. We request the Department waive any late penalties that might otherwise apply due to the problems associated with accessing the website on the date of the filing deadline.

Thank you for your consideration of this matter.

Sincerely,

  
Mark Farner, CPA

ATTACHMENT 40115290



# ~~NO~~ 2000000231  
Division of Corporations

We're sorry but the Public Access System is unable to process your request at this time. Press your browsers' BACK arrow to retry your request, or return to the Division of Corporations' Public Access System main page.

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