

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006473

Entity Name: DAUGHTERS OF GRACE, INC.

FILED  
Apr 13, 2004  
Secretary of State

**Current Principal Place of Business:**

1234 CIRCLE DR  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

1234 CIRCLE DR  
LAKE WALES, FL 33853

**New Mailing Address:**

FEI Number: 02-0701670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILKINSON, BRENDA  
1234 CIRCLE DR  
LAKE WALES, FL 33853

**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: P ( ) Delete  
Name: WILKINSON, BRENDA  
Address: 1234 CIRCLE DR  
City-St-Zip: LAKE WALES, FL 33853

Title: V ( ) Delete  
Name: MAULDIN, BETTY  
Address: 5500 LAKEVIEW DR  
City-St-Zip: LAKE WALES, FL 33853

Title: S ( ) Delete  
Name: JOYNER, PATSY  
Address: 325 N PALM AVE  
City-St-Zip: FROSTPROOF, FL 33843

Title: T ( ) Delete  
Name: BERRY, LINDA  
Address: 4701 ABC RD  
City-St-Zip: LAKE WALES, FL 33859

**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: BRENDA WILKINSON

P

04/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date