

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010208

FILED
Apr 29, 2004
Secretary of State

Entity Name: POINT OF GRACE OF SARASOTA, INC.

Current Principal Place of Business:

5799 COLONIAL OAKS BLVD.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5799 COLONIAL OAKS BLVD.
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 27-0070324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDDLE, JAMES P
5799 COLONIAL OAKS BLVD.
SARASOTA, FL 34232

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: PD () Delete
Name: RIDDLE, JAMES P
Address: 5799 COLONIAL OAKS BLVD.
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: RIDDLE, ELIZABETH R
Address: 5799 COLONIAL OAKS BLVD.
City-St-Zip: SARASOTA, FL 34232

Title: TD () Delete
Name: CUMINGS, JAMES
Address: 3755 S. SCHOOL AVE., #38
City-St-Zip: SARASOTA, FL 34239

Title: SD () Delete
Name: TSCHIEGG, BONITA
Address: 5307 MESA WAY
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: CUMING, JAMES
Address: 3755 S. SCHOOL AVE., #38
City-St-Zip: SARASOTA, FL 34239

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: JAMES P. RIDDLE

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date