

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006601

FILED
Mar 12, 2010
Secretary of State

Entity Name: GRACE PLACE FOR CHILDREN AND FAMILIES, INC.

Current Principal Place of Business:

4300 21ST AVE SW
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 990531
NAPLES, FL 34116

New Mailing Address:

FEI Number: 65-1229558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, STEPHANIE
4300 21ST AVE. SW
NAPLES, FL 34116 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: PD
Name: ETZEL, W. THEODORE III
Address: 2628 WHITE CEDAR LANE
City-St-Zip: NAPLES, FL 34109

Title: D
Name: BILL, HAZZARD
Address: 4366 BUTTERFLY ORCHID LANE
City-St-Zip: NAPLES, FL 34119

Title: D
Name: MCLAUGHLIN, JANE
Address: 7079 SUGAR MAGNOLIA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: TD
Name: HARE, TRISHA
Address: 3777 TAMiami TRAIL N #100
City-St-Zip: NAPLES, FL 34103

Title: D
Name: CARROLL, PATRICIA
Address: 118 DEBRON DR.
City-St-Zip: NAPLES, FL 34112

Title: VPD
Name: PLESSINGER, PHIL
Address: 7890 NAPLES HERITAGE DRIVE
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE CAMPBELL

ED

03/12/2010

Electronic Signature of Signing Officer or Director

Date