

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-10-2006 90005 047 ****61.25

DOCUMENT # N05000003595

1. Entity Name
MERCY AND GRACE CHARITY PLACE INC.



Principal Place of Business
**32 EAST CLEVELAND STREET
APOPKA FL 32703**

Mailing Address
**32 EAST CLEVELAND STREET
APOPKA FL 32703**

2. Principal Place of Business
5429 Tealwood Dr.
Suite, Apt. #, etc.

3. Mailing Address
5429 Tealwood Dr.
Suite, Apt. #, etc.

City & State
Orlando, Fla.

City & State
Orlando, Fla.

Zip
32810

Country
Orange

Zip
32810

Country
U.S.A

6. Name and Address of Current Registered Agent
**ALSTON, SANDRA
5429 TEALWOOD DR.
ORLANDO FL 32810**

4. FEI Number
16-1722553

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

SIGNATURE *Sandra J. Alston*
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARTER, SHARON	
STREET ADDRESS	312 BREEZEWAY DR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALSTON, SANDRA	
STREET ADDRESS	5429 TEALWOOD DR.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEAL, VIRGINIA	
STREET ADDRESS	1183 HGERMIT SMITH RD.	
CITY-ST-ZIP	PLYMOUTH FL 32768	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Cooks	
STREET ADDRESS	216 Newton Dr.	
CITY-ST-ZIP	Orl. Fla 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sandra J. Alston* **Sandra J. Alston** **2-28-06** **407-292-4761**
Signature and typed or printed name of signing officer or director Date Daytime Phone #