

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000003879

1. Entity Name
FOUNDATION FOR GRACE, INC.



FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business
1612 SOUTHEAST 18TH AVENUE
OCALA, FL 34471

Mailing Address
1612 SOUTHEAST 18TH AVENUE
OCALA, FL 34471



01282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4894423

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRUEGER, SCOTT D
2750 NORTHWEST 43RD STREET SUITE 201
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME REGATE, ANNA
STREET ADDRESS 1612 SOUTHEAST 18TH AVENUE
CITY-ST-ZIP Ocala, FL 34471

TITLE D
NAME BACHRODT, CRAIG
STREET ADDRESS 3055 SOUTHWEST 53RD STREET
CITY-ST-ZIP Ocala, FL 34474

TITLE D
NAME LEVY, LMHC.MCIC, RACHEL
STREET ADDRESS 20 ISLAND AVENUE #405
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000956398
07/28/08-80001-014 61.25

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IN THIS SPACE**

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:

ANNA REGATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 July 08
Date

(352) 207-1911
Daytime Phone #