


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90044 038 ****70.00

| | |
|--|---|
| DOCUMENT # N06000004545 |  |
| 1. Entity Name WORKS OF GRACE, INC. | |

| | |
|---|---|
| Principal Place of Business 44104 HIGGINBOTHAM DRIVE CALLAHAN, FL 32011 | Mailing Address 44104 HIGGINBOTHAM DRIVE CALLAHAN, FL 32011 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|-------------------------|-------------------------|
| City & State Zip | City & State Zip |
|-------------------------|-------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent FEWLESS-SHEPARD, LORRAINE G 44104 HIGGINBOTHAM DRIVE CALLAHAN, FL 32011 | |
|--|--|

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

| | | | |
|---|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV FEWLESS-SHEPPARD, LORRAINE G 44104 HIGGINBOTHAM DRIVE CALLAHAN, FL 32011 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTS COX, MARY A 566 LORING VILLAGE CT ORANGE PARK, FL 32073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FEWLESS, EDWARD L 44104 HIGGINBOTHAM DRIVE CALLAHAN, FL 32011 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: <i>Lorraine G. Fewless-Sheppard</i> | Date: <i>Jan-27-07</i> | Daytime Phone #: <i>904-83-1510</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |

40007440



01272007 Chg-NP CR2E037 (12/06)

| | |
|--|---|
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |