

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 01, 2009
Secretary of State

DOCUMENT# N06000005105

Entity Name: DAUGHTERS OF GRACE, INC.**Current Principal Place of Business:**203 LONDON DR
PALM COAST, FL 32137**New Principal Place of Business:****Current Mailing Address:**203 LONDON DR
PALM COAST, FL 32137**New Mailing Address:****FEI Number:** 65-1270964**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BEAVEN, HEATHER M
203 LONDON DR
PALM COAST, FL 32137 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:** D () Delete
Name: BEAVEN, DOUGLAS G
Address: 203 LONDON DR
City-St-Zip: PALM COAST, FL 32137**Title:** D () Delete
Name: NOE, DANIELLE
Address: 203 LONDON DR
City-St-Zip: PALM COAST, FL 32137**Title:** D () Delete
Name: FORSTEN, CHRISTINA
Address: 203 LONDON DR
City-St-Zip: PALM COAST, FL 32137**Title:** D () Delete
Name: DALTER, RENEE
Address: 203 LONDON DR
City-St-Zip: PALM COAST, FL 32137**Title:** D () Delete
Name: CONKLIN, COLLEN
Address: 203 LONDON DR
City-St-Zip: PALM COAST, FL 32137**Title:** D () Delete
Name: WHITLEY, Nanci
Address: 203 LONDON DR
City-St-Zip: PALM COAST, FL 32137**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOUGLAS G. BEAVEN

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date