2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N06000011583

Entity Name: THE GRACE FOUNDATION OF DESTIN, INC.

Current Principal Place of Business:

4325 COMMONS DR WEST
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4325 COMMONS DR WEST
DESTIN, FL 32541

New Mailing Address:

FEI Number: 51-0597232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAEMER, MARY K
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DR
DESTIN, FL 32541 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: T ( ) Delete
Name: ROYSTON, KAY
Address: 360 TRADEWINDS DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T ( ) Delete
Name: SHANKLIN, CHARLES R
Address: 1421 RUM STILL CIR
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete
Name: TICE, NORMAN J
Address: 100 MONACO ST - GRANDVIEW CONDO UNIT 201
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: T ( ) Delete
Name: LANDSBERGER, DARLANE
Address: 148 BERMUDA CIR NORTH
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete
Name: SCHILLING, GREG
Address: 91 PAULA CT
City-St-Zip: MARY ESTHER, FL 32569

Title: T ( ) Delete
Name: WIND, MIKE
Address: 64 HAMPTON CIR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
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: MIKE WIND T 03/02/2009

Electronic Signature of Signing Officer or Director — Date