

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008760

FILED
Feb 10, 2011
Secretary of State

Entity Name: THE HANDS OF GRACE AND MERCY ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

3204 HIBISCUS AVENUE
FT. PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

3204 HIBISCUS AVENUE
FT. PIERCE, FL 34947

New Mailing Address:

FEI Number: 27-3360973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, RUTHIE
3808 AVENUE L
FORT PIERCE, FL 34947 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: PD
Name: WHEELER, RUTH
Address: 3808 AVENUE L
City-St-Zip: FORT PIERCE, FL 34947

Title: VD
Name: FREEMAN, HARRISON
Address: 4001 AVENUE J
City-St-Zip: FORT PIERCE, FL 34947

Title: STD
Name: MILLER, OTELIA
Address: POST OFFICE BOX 215
City-St-Zip: PORT SALERNO, FL 34992

I hereby 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 all other like empowered.

SIGNATURE: RUTHIE WHEELER

PRES

02/10/2011

Electronic Signature of Signing Officer or Director

Date