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 11011.					



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N46295

(4)

DOCUMENT #

1. Corporation Name WOMEN OF GRACE, INC.

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ce of Business	Mailing Address	1	
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Principal Plac

2722 NORTH MYRTLE AVENUE

2722 NORTH MYRTLE AVENUE TAMPA FL 33602-1102

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2722 NORTH MYRTLE AVENUE TAMPA FL 33610		TAMPA FL 33602-1102 US		3. Date Incorporated or Qualified	3a. Date	of Last Rep /18/199	port 5	
					12/02/1991			plied For
		2a. Mailing Address			4. FEI Number 59-3131486		<u> </u>	t Applicable
2. Principal Place of Business		26	<del></del>		\$8.75 Additional			
21		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Re		
Suite, Apt. #	, etc.	27					\$5.00	<del></del>
22		City & State			6. Election Campaign Financing		Added t	
City & State	1	28			Trust Fund Contribution	ntongible tax		
23]	Country	Zip	Cou	Country  B. This corporation has liability for intangible tax und			10	
Zip	25	29	30		Florida Statutes  10. Name and Address of New R	egistered A	gent	
24	9. Name and Address of Currer	nt Registered Agent		- T	10. Name and Address of the			
	g. Namo and			81 Name				
MELLS I	PAMELA S.			B2 Street Add	ress (P.O. Box Number is Not Acceptab	ile)		ļ
WELLS, 1	ROUD CT			L L				
1442 311 NEW DO	RT RICHEY FL 34655			83	_			
NEW FO	INT NIOTICE TE 04000			84 City		FL	85 Zip	Code
				1 1	oration submits this statement for the pu and of directors. I hereby accept the app	=	nging its re	nistered office
familiar w SIGNATURE	Will, and accopt the samp			d Agent signature requi		DATE		
Sidivitoria	Signature, typed or printed name of registered age	ND DIRECTORS	13		ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition
12.	PO	DELETE	11	TITLE		L		
TITLE	BERRYHILL, EDNA L	<del>_</del>	1.2	NAME				
NAME	AZAA NI MYDTI E AVE		1.3	STREET ADDRESS				
STREET ADDRESS	TAMPA FL		1.4	CITY-ST-ZIP			Change	Addition
CITY-ST-ZIP	SD	DELETE	21	TITLE				
TITLE	SPENCER, DEBORAH		2.2	NAME				
NAME	AND ME MODELL BAY ST		23	STREET ADDRESS				
STREET ADDRESS	TAMPA FL		2	4 CITY - ST - ZIP			Change	[ ] Addition
CITY-ST-ZIP	TD TD	DELETE	3.1	TITLE			☐ «a.	
TITLE	JAMES, LOVIE	_	3:	2 NAME				
NAME	1010 E LAVE AVE		3	STREET ADDRESS				
STREET ADDRES	TAMPA FL		3	4 CITY-ST-ZIP			[] Change	Addition
CITY-ST-ZIP	TD TAMPA FL	DELETE	4.	1 TITLE				_
TITLE	WILLIAMS, GLORIA		4	2 NAME				
NAME	ACCOUNT HANNA AVE		4	3 STREET ADDRESS				
STREET ADDRES	33		4	4 CITY-ST-ZIP			Change	Addition
CITY - ST - ZIP	TAMPA FL.	DELETE		1 TITLE	0000015	2000	73	٠٠٠٠٠٠٠
TITLE		<del></del>		2 NAME	<b>800001</b> 8 -05/20/960	1024	117	
NAME	BALL, GLORIA 409 E FRIERSON			3 STREET ADDRESS	-05/20/36 <sup>0</sup>	IOCA (	741	
STREET ADDRE			1	4 CITY-ST-ZIP	***61.25		Change	e Addition
CITY ST. 7ID	TAMPA FL				-		L change	, A Longon

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 12 or Block 13 if charged, or on an attachment with an address. STREET ADDRESS

61 TITLE

62 NAME

63 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

DELETE

0054861