

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46295
1. Corporation Name

(4)

WOMEN OF GRACE, INC.



Principal Place of Business
2722 NORTH MYRTLE AVENUE
TAMPA FL 33610

Mailing Address
2722 NORTH MYRTLE AVENUE
TAMPA FL 33602-1102
US

3. Date Incorporated or Qualified
12/02/1991

3a. Date of Last Report
08/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WELLS, PAMELA S.
1442 STROUD CT
NEW PORT RICHEY FL 34655

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BERRYHILL, EDNA L
2722 N MYRTLE AVE
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SPENCER, DEBORAH
409 W NORTH BAY ST
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JAMES, LOVIE
1616 E LAKE AVE
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WILLIAMS, GLORIA
2222 E HANNA AVE
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BALL, GLORIA
409 E FRIERSON
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***\$61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edna L. Berryhill / PD
EDNA L. BERRYHILL / PD

04-26-96

(813) 224 0035

0054881

CR2E037 (12/95)