FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 08, 1999 8:00 am Secretary of State

05-08-1999 90082 001 ****61.25

DO	CUN	ΛEΝ	T	#	N4	629	95

1. Corporation Name

Principal Place of Business

WOMEN OF GRACE, INC.

2722 NORTH MYRTLE AVENUE 2722 NORTH MYRTLE AVENUE TAMPA FL 33610 TAMPA FL 33802-1102 US						I TOURIST BY BEAUT BUILD HOLD TOUR BUILDING BUIL			
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 12/02/1991			
21		26	N=+ # =+=			4. FEI Number	Applied F		
Suite, Apt.	#, etc.	27 Suite, 7	Apt. #, etc.			59-3131486	Not Applied		
City & Stat	е	City & 28	State			5. Certificate of Status Desired	\$8.75 Addition Fee Required		
Zip 24	Country 25	Zip	3	Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fees		
	9. Name and Address of Curren	t Registered A	gent			10. Name and Address of New Registered Agent			
WELLS, PAMELA S. 1442 STROUD CT. NEW PORT RICHEY FL 34655			81 82 83	Name Street Ad	idress (P.O. Box Number is Not Acceptable)				
•				84	FL _				
office or r	to the provisions of Sections 617.050; registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida, Such	change was auti	horized by	the comora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	changing its registe intment as registere	d d	
SIGNATURE									
	Signature, typed or printed name of registered agen				t signature requ	ADDITIONS/CHANGES TO OFFICERS AN	IN DIDECTORS IN	12	
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AF		Addition	
TITLE	PD		☐ DELETE	1.1 TITLE			Change A	WUIDON	
NAME	BERRYHILL, EDNA L			1.2 NAME	1				
STREET ADDRESS	2722 N MYRTLE AVE			1.3 STREE	ADDRESS				
CITY-ST-ZIP	TAMPA FL			1.4 CITY-S	T-ZIP			Addition	
TITLE	SD		DELETE	2.1 TITLE			☐ Change ☐ A	vouluon)	
NAME	SPENCER, DEBORAH			2.2 NAME					
STREET ADDRESS	1			2.3 STREET	ADORESS				
CITY-ST-ZIP	TAMPA FL			2. 4 CITY-5	IT-ZIP			a al alia)	
TITLE	TD		DELETE	3.1 TITLE	j		☐ Change ☐ A	Addition	
NAME	JAMES, LOVIE			3.2 NAME					
STREET ADDRESS	1010			3.3 STREE	ADDRESS				
CITY-ST-ZIP	TAMPA FL			3.4. CITY-9	T-ZIP				

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5,3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

TD

SD

WILLIAMS, GLORIA

2222 E HANNA AVE

TAMPA FL

TAMPA FL

BALL, GLORIA

409 E FRIERSON

TITLE

NAME

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

DELETE

04-28-99 (813) 224-0035

Addition

Addition

Addition

Change

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Change

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