

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46295

1. Entity Name

WOMEN OF GRACE, INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90339 034 ****61.25

Principal Place of Business

Mailing Address

2722 NORTH MYRTLE AVENUE
TAMPA FL 33610

2722 NORTH MYRTLE AVENUE
TAMPA FL 33602-1102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3131486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, PAMELA S.

1442 STROUD CT

NEW PORT RICHEY FL 34655

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE TD
NAME JAMES, LOVE
STREET ADDRESS 1616 E LAKE AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edna L Berryhill / PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-02 (813) 224-0035

CR2E037 (9/01)