


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N46295 1. Entity Name 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
--	--



04232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3131486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERRYHILL, EDNA L 2722 N MYRTLE AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPENCER, DEBORAH 409 W NORTH BAY ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES, LOVIE 1816 E LAKE AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, GLORIA 2222 E HANNA AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALL, GLORIA 409 E FRIERSON TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000153975
05/04/04-80149-009 61.25

DO NOT WRITE IN THIS SPACE

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 04-25-04 (813) 224-035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #