

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46295

FILED  
May 16, 2005  
Secretary of State

Entity Name: WOMEN OF GRACE, INC.

**Current Principal Place of Business:**

2722 NORTH MYRTLE AVENUE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

2722 NORTH MYRTLE AVENUE  
TAMPA, FL 336021102 US

**New Mailing Address:**

FEI Number: 59-3131486      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BERRYHILL, EDNA L  
Address: 2722 N MYRTLE AVE  
City-St-Zip: TAMPA, FL

Title: SD      ( ) Delete  
Name: SPENCER, DEBORAH  
Address: 409 W NORTH BAY ST  
City-St-Zip: TAMPA, FL

Title: TD      ( ) Delete  
Name: JAMES, LOVIE  
Address: 1616 E LAKE AVE  
City-St-Zip: TAMPA, FL

Title: TD      ( ) Delete  
Name: WILLIAMS, GLORIA  
Address: 2222 E HANNA AVE  
City-St-Zip: TAMPA, FL

Title: SD      ( ) Delete  
Name: BALL, GLORIA  
Address: 409 E FRIERSON  
City-St-Zip: TAMPA, FL

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD      ( ) Change (X) Addition  
Name: BERRYHILL, EDNA L PD  
Address: 2722 N MYRTLE AVE  
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDNA L BERRYHILL

PD

05/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date