


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90278 034 ****70.00

DOCUMENT # N46295	
1. Entity Name WOMEN OF GRACE, INC.	

Principal Place of Business 2722 NORTH MYRTLE AVENUE TAMPA, FL 33610 7506 LAKESHORE DR. TAMPA, FL 33604	Mailing Address 2722 NORTH MYRTLE AVENUE TAMPA, FL 33602-1102 US 7506 LAKESHORE DR. TAMPA, FL 33604
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04062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3131486	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 1616 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	PD BERRYHILL, EDNA L PD 2722 N MYRTLE AVE TAMPA, FL 33602

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Edna L. Berryhill/PO (EDNA L. BERRYHILL)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>04-26-06</u>	Daytime Phone #: <u>(813) 985-1239</u>
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