

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000152556**

1. Entity Name  
**GRACE DEVELOPMENT COMPANY OF SANTA ROSA**



Principal Place of Business  
**5003 BASIN AVE  
MILTON, FL 32583**

Mailing Address  
**5003 BASIN AVE  
MILTON, FL 32583**



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0592689**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WENTWORTH, EDITH H  
5003 BASIN AVENUE  
MILTON, FL 32583**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000555845  
05/16/06-R00049-0009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WENTWORTH, EDITH H
STREET ADDRESS	5003 BASIN AVE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	MCMACKIN, TRACY
STREET ADDRESS	6633 NICHOLS DRIVE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	MONTFORD, ARLENE
STREET ADDRESS	7760 LAKESIDE DRIVE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:** Edith H. Wentworth **EDITH H WENTWORTH** 4/26/06 **(850) 572-7773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #