

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006601

Entity Name: GRACE PLACE FOR CHILDREN AND FAMILIES, INC.**Current Principal Place of Business:**4300 21ST AVE SW
NAPLES, FL 34116**Current Mailing Address:**P.O. BOX 990531
NAPLES, FL 34116**FEI Number:** 65-1229558**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOBIASZ, DAVID A
1070 S COLLIER BLVD
APT 406
MARCO ISLAND, FL 34145 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:** DAVID A TOBIASZ

04/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name FUREK, ROBERT
Address P.O. BOX 990531
City-State-Zip: NAPLES FL 34116

Title DIRECTOR
Name PLESSINGER, PHIL
Address P.O. BOX 990531
City-State-Zip: NAPLES FL 34116

Title TREASURER
Name RUSSELL, STANLEY
Address P.O. BOX 990531
City-State-Zip: NAPLES FL 34116

Title DIRECTOR
Name HARE, TRISHA
Address P.O. BOX 990531
City-State-Zip: NAPLES FL 34116

Title VC
Name GRANDI, DONALD
Address P.O. BOX 990531
City-State-Zip: NAPLES FL 34116

Title SECRETARY
Name MEEK, JULIANA
Address P.O. BOX 990531
City-State-Zip: NAPLES FL 34116

Title COO
Name TOBIASZ, DAVID A
Address P.O. BOX 990531
City-State-Zip: NAPLES FL 34116

I hereby 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 all other like empowered.

SIGNATURE: DAVID A TOBIASZ

COO

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date