

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004813

**Entity Name:** GRACIOUS CARE RECOVERY, INC.

**Current Principal Place of Business:**

635 SE 10TH STREET  
B  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

635 SE 10TH STREET  
B  
DEERFIELD BEACH, FL 33441 US

**FEI Number:** 27-2591456

**Certificate of Status Desired:** No

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

WAY, MARIA L  
635 SE 10TH STREET  
B  
DEERFIELD BEACH, FL 33441 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

**Officer/Director Detail :**

Title P  
Name WAY, MARIA L  
Address 635 SE 10TH STREET  
B  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** MARIA WAY

**PRESIDENT**

**03/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date