

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000011625

**Entity Name:** GRACE MALNUTRITION CENTER INCORPORATED**Current Principal Place of Business:**23 PLEASANT DR.  
ORMOND BEACH, FL 32176**Current Mailing Address:**23 PLEASANT DR.  
ORMOND BEACH, FL 32176 US**FEI Number: 82-3882677****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LINKINHOKER, DAVID C II  
23 PLEASANT DR.  
ORMOND BEACH, FL 32176 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	LINKINHOKER, DAVID C II
Address	23 PLEASANT DR.
City-State-Zip:	ORMOND BEACH FL 32176

Title	VP
Name	LINKINHOKER, DAVID C III
Address	420 LAKEBRIDGE PLAZA #613
City-State-Zip:	ORMOND BEACH FL 32174

Title	OFFICER
Name	CRUZ, PEDRO
Address	1500 LYONS CT.
City-State-Zip:	OVIEDO FL 32765

Title	VP
Name	LINKINHOKER, ELIZABETH A
Address	23 PLEASANT DR.
City-State-Zip:	ORMOND BEACH FL 32176

Title	D
Name	GENT, MATTHEW C
Address	294 OLD HAWTHORNE RD.
City-State-Zip:	HAWTHORNE FL 32640

Title	PASTOR
Name	SHIRLEY, DERRICK
Address	24 SANCHEZ AVE.
City-State-Zip:	ORMOND BEACH FL 32174

*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 C LINKINHOKER****PRESIDENT****02/17/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date