

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005139

**Entity Name:** GRACE UNLEASHED, INC.

**Current Principal Place of Business:**

15799 73RD CIR N  
MAPLE GROVE, MN 55311

**Current Mailing Address:**

15799 73RD CIR N  
MAPLE GROVE, MN 55311 US

**FEI Number: 41-1854018**

**Certificate of Status Desired: Yes**

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

ATKINS, CHRISTOPHER  
10400 SILVER MAPLE AVE  
OXFORD, FL 34484 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            CPT  
Name            ATKINS, THOMAS M  
Address        15799 73RD CIR N  
City-State-Zip: MAPLE GROVE MN 55311

Title            VCV  
Name            ATKINS, CHRISTOPHER J  
Address        10400 SILVER MAPLE AVE  
City-State-Zip: OXFORD FL 34484

Title            DS  
Name            GALES, ROBERT H  
Address        7575 EAST 29TH PLACE  
                  APT 2057  
City-State-Zip: DENVER CO 80238

Title            D  
Name            MARSHALL, TERESA J  
Address        115343 74TH STREET NE  
City-State-Zip: OTSEGO MN 55330

*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: THOMAS M ATKINS**

**PRESIDENT**

**01/04/2022**

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

\_\_\_\_\_  
Date