

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710136

FILED
Jan 04, 2012
Secretary of State

Entity Name: MERCY FELLOWSHIP MINISTRIES INC

Current Principal Place of Business:

711 ST. JOHNS BLUFF RD. NORTH
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

711 ST. JOHNS BLUFF RD. NORTH
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-0950077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODARD, DAVID
7780 ALLSPICE CIRCLE EAST
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VDT
Name: WOODARD, DAVID
Address: 7780 ALLSPICE CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32244 70

Title: D
Name: SELLINGERS, SHARON
Address: 711 ST JOHNS BLUFF RD. NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD
Name: WALTON, LYDIA
Address: 9725 DOOLITTLE RD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: WALLACE, ROBERT
Address: 9725 DOOLITTLE RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: DT
Name: BRADLEY, STEVE
Address: 711 ST. JOHNS BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32225

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: LYDIA WALTON

PD

01/04/2012

Electronic Signature of Signing Officer or Director

Date