

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 27, 2006  
Secretary of State**

DOCUMENT# N00000000978

Entity Name: HANDS OF MERCY EVERYWHERE, INC.

**Current Principal Place of Business:**

6017 SE ROBINSON RD  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

6017 SE ROBINSON RD  
BELLEVIEW, FL 34420

**New Mailing Address:**

FEI Number: 59-3630008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WOOLSEY, GENE  
14523 SE 1ST AVE ROAD  
OCALA, FL 34491      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: T                    ( ) Delete  
Name: MARTIN, JANICE  
Address: 2319 SE 30TH PLACE  
City-St-Zip: Ocala, FL 34471

Title: T/VP                ( ) Delete  
Name: ALTENBURGER, CAROL  
Address: 724 S.E. 24TH TERR.  
City-St-Zip: Ocala, FL 34471

Title: P/T                 ( ) Delete  
Name: WOOLSEY, GENE  
Address: 14523 S.E. 1ST AVE.  
City-St-Zip: Ocala, FL 32691

Title: D                    ( ) Delete  
Name: SCHOFIELD, DIANE  
Address: 16482 SE 3RD ST  
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D                    ( ) Delete  
Name: ESQUIVEZ, LINDA  
Address: 4785 NE 7TH AVE  
City-St-Zip: Ocala, FL 34479

Title: D                    ( ) Delete  
Name: JOHNSON, GLENDA  
Address: 1308 SE 38TH AVE  
City-St-Zip: Ocala, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D                    (X) Change ( ) Addition  
Name: KIM, HOOPENGARNER  
Address: 1235 SE 17TH AVE  
City-St-Zip: Ocala, FL 34471

Title: VP                  (X) Change ( ) Addition  
Name: ALTENBURGER, CAROL  
Address: 724 S.E. 24TH TERR.  
City-St-Zip: Ocala, FL 34471

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S                    (X) Change ( ) Addition  
Name: SHEILA, MICHELLE  
Address: 361 SE 54TH AVE  
City-St-Zip: Ocala, FL 34471

Title: D                    (X) Change ( ) Addition  
Name: CHRIS, BOYD  
Address: 1700 SE 17TH STREET  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANE SCHOFIELD

D

01/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date