

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000978

FILED
Jan 21, 2009
Secretary of State

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:

BOYD, CHRIS
1700 SE 17TH STREET
OCALA, FL 34471 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: P () Delete
Name: KIM, HOOPENGARNER
Address: 1235 SE 17TH AVE
City-St-Zip: Ocala, FL 34471

Title: S/T () Delete
Name: MARTIN, JANICE
Address: 2319 SE 30TH PLACE
City-St-Zip: Ocala, FL 34474

Title: VP () Delete
Name: DONAHUE, JOHN
Address: 6648 SE 9TH PLACE
City-St-Zip: Ocala, FL 34472

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CASEY, JIM DR
Address: 9150 SE 7TH AVE
City-St-Zip: Ocala, FL 34480

Title: TRES (X) Change () Addition
Name: MARTIN, JANICE
Address: 2319 SE 30TH PLACE
City-St-Zip: Ocala, FL 34471

Title: P (X) Change () Addition
Name: DONAHUE, JOHN
Address: 6648 SE 9TH PLACE
City-St-Zip: Ocala, FL 34472

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

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

Title: SEC () Change (X) Addition
Name: HELLIN, ANDREA
Address: 545 BALMORAL LN
City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information supplied with this filing does not qualify 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

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date