

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000978

FILED
Feb 17, 2010
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:

WISEMAN, ROBERTA SEC
16632 SE 2ND LANE
SILVER SPRINGS, FL 34488 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: ROBERTA WISEMAN

02/17/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: LILES, BREANNA
Address: 4621 NE 16TH PLACE
City-St-Zip: Ocala, FL 34471

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

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

Title: D
Name: COUNTS, DANA
Address: 10395 SE SUNSET HARBOR ROAD
City-St-Zip: SUMMERFIELD, FL 34491

Title: TRES
Name: HELLIN, ANDREA
Address: 545 BALMORAL LN
City-St-Zip: THE VILLAGES, FL 32162

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: DIANE V. SCHOFIELD

D

02/17/2010

Electronic Signature of Signing Officer or Director

Date