## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000978

FILED Feb 22, 2011 Secretary of State

Entity Name: HANDS OF MERCY EVERYWHERE, INC.

Current Principal Place of Business: New Principal Place of Business:

6017 SE ROBINSON RD BELLEVIEW, FL 34420

Current Mailing Address: New Mailing Address:

6017 SE ROBINSON RD BELLEVIEW, FL 34420

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

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

WISEMAN, ROBERTA SEC WISEMAN, ROBERTA 16632 SE 2ND LANE 16632 SE 2ND LANE

SILVER SPRINGS, FL 34488 US 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 02/22/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: BOYD, CHRIS Address: 740 SE 36TH LANE City-St-Zip: OCALA, FL 34471

Title: VP

Name: STORCH, NANCY
Address: 3227 NE 34TH STREET
City-St-Zip: OCALA, FL 34479

Title: SEC

Name: WILLIS, DANIELLE Address: 609 SE 51ST AVE City-St-Zip: OCALA, FL 34471

Title:

Name: SCHOFIELD, DIANE Address: 16482 SE 3RD ST

City-St-Zip: SILVER SPRINGS, FL 34488

Title:

 Name:
 LOMBARDO, GAIL

 Address:
 12116 SE 60TH AVE RD

 City-St-Zip:
 BELLEVIEW, FL 34420

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 DIRE 02/22/2011