# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 09, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N02000005553

1. Entity Name
HOUSE OF MERCY INTERNATIONAL MINISTRIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8020 N. 56TH STREET<br>TAMPA, FL 33617 | P.O. BOX 291093<br>TAMPA, FL 33687 |

01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
32-0019010

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLOVER, NANCY M REV
729 BERRY BRAMBLE DRIVE
BRANDON, FL 33510

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | V |
| NAME | GLOVER, SAM MIN |
| STREET ADDRESS | 729 BERRY BRAMBLE DR |
| CITY-ST-ZIP | BRANDON, FL 33510 |
| TITLE | D |
| NAME | WILLIAM, TRAVIAN |
| STREET ADDRESS | 13029 TRIBUNE DR |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 |
| TITLE | D |
| NAME | ROBINSON, EVERS REV |
| STREET ADDRESS | 1521 HIGH GROVE WAY |
| CITY-ST-ZIP | ORLANDO, FL 32818 |
| TITLE | DS |
| NAME | WILLIAM, KENNESHIA |
| STREET ADDRESS | 13029 TRIBUNE DR |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 |
| TITLE | D |
| NAME | REGNIER, BEDDIE |
| STREET ADDRESS | 24130 LANDING DR |
| CITY-ST-ZIP | LUTZ, FL 33559 |
| TITLE | D |
| NAME | KING, GWEN DR |
| STREET ADDRESS | 1309 LOUISANNA |
| CITY-ST-ZIP | PLANT CITY, FL 33566 |

U00000427720
02/21/06-80019-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Rev. Nancy Glover Rev. NANCY Glover 2/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #