

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005553

FILED
Jul 31, 2007
Secretary of State

Entity Name: HOUSE OF MERCY INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

8020 N. 56TH STREET
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291093
TAMPA, FL 33687

New Mailing Address:

FEI Number: 32-0019010 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GLOVER, SAM MIN
Address: 729 BERRY BRAMBLE DR
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: WILLIAM, TRAVIAN
Address: 13029 TRIBUNE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: ROBINSON, EVERS REV
Address: 1521 HIGH GROVE WAY
City-St-Zip: ORLANDO, FL 32818

Title: DS () Delete
Name: WILLIAM, KENNESHIA
Address: 13029 TRIBUNE DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: REGNIER, BEDDIE
Address: 24130 LANDING DR
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: KING, GWEN DR
Address: 1309 LOUISANNA
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: NANCY GLOVER

REV

07/31/2007

Electronic Signature of Signing Officer or Director

Date