2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N02000005553

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:

777 LUMSDEN RD
BRANDON, FL 33510

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 ( )**

Name and Address of Current Registered Agent:

GLOVER, NANCY M REV
729 BERRY BRAMBLE DRIVE
BRANDON, FL 33510 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:	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
Name:	
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 03/16/2009
Electronic Signature of Signing Officer or Director — Date