

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001826 (6)

1. Corporation Name

MISSIONS OF MERCY, INC.

Principal Place of Business

Mailing Address

139 N. COUNTY ROAD
PALM BEACH FL 33480

P.O. BOX 292
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/13/1994

4. FEI Number

Applied For

Not Applicable

65-0475465

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 139 North County Road
Suite, Apt. #, etc.

26 PO BOX 29

Suite, Apt. #, etc.

22 Suite 30

27

City & State

23 City & State
Palm Beach, Florida

28 PALM BEACH, FL.

24 Zip
33480

25 Country

29 Zip
33480

30 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, DWIGHT
139 N. COUNTY ROAD - Suite 30
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 307.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President / Director
NAME Dwight M. Stevens
STREET ADDRESS 139 North County Road Suite 30
CITY-ST-ZIP Palm Beach, FL. 33480

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Chairman / Director
NAME Joe Guadagnino
STREET ADDRESS 1081 S.W. 19th Street
CITY-ST-ZIP Boca Raton, FL. 33486

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Director of Construction
NAME Richard Moody
STREET ADDRESS 14229 Blackberry Drive
CITY-ST-ZIP West Palm Beach, FL. 33414

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Missions Coordinator/Director
NAME David Duncombe
STREET ADDRESS 3004 NW 3rd Ave
CITY-ST-ZIP Pompano Beach, FL. 33464

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Secretary / Director
NAME Margo Stevens
STREET ADDRESS 139 North County Road Suite 30
CITY-ST-ZIP Palm Beach, FL. 33480

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. (407) 835-1915

SIGNATURE:

Dwight Stevens

Dwight Stevens

April 26, 1995

(Signature and typed or printed name of signing officer or director)

(Date) (Typed Name)