SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE: \_



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

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561-835-1911 Daytime Phone #

DOCUMENT # N9400001826 (6)

1. Corporation Name

MISSIONS OF MERCY, INC.

Principal Plac	e of Business	Mailing Address						
139 N. COUNTY ROAD —PO BOX-29—								
SUITE 30 Palm Beach	J Et 22400	PALM BEACH FL 33480 US						
US US	1 FL 33400	us				3. Date Incorporated or Qualified 04/13/1994	3a. Date of Last Report 05/01/1995	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26 PO Box 511				65-0475465	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22	*****	27					Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 May Be	
23 7:n	Country	28 Palm Beacl		untry		Trust Fund Contribution	Added to Fees	
Zip	25	29 33480	30	•	کلا	8. This corporation has liability for inta	ingible tax under s. 199.032, res No	
24	9. Name and Address of Current	[84]	[30]	T	<u>V~3</u>	10. Name and Address of New Regis	<u> </u>	
	4.74			81	Name			
Stevens, dwight					<b>0</b> : .	Addition (DO D. N. other in No. Accounts)		
	. COUNTY ROAD		62 Street A		Address (P.O. Box Number is Not Acceptable)			
	BEACH FL 33480			83				
						***************************************		
				84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	s, the ab	bove.	-named i	corporation submits this statement for the purp		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
SIGNATURE	Signature typed or printed name of registered ager	nt and title if applicable (NOT	E Registere	ed Age	nt signature	required when re-instating)	DATE	
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 T	ITLE			Change Addition	
NAME	STAEVENS, DWIGHT M		1.2 N	IAME		STEVENS, DWIGHT M (correct sp		
STREET ADDRESS	139 NORTH COUNTY ROAL	), Suite 30	1.3 S	STREET	ADDRESS	(correct sp	pelling)	
CITY-ST-ZIP	PALM BEACH FL		1.40	CITY-S	1-21P			
TITLE	CO	DELETE	2.1 T	TITLE			Change Addition	
NAME	GUADAGNINO, JOE		22 N	2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			2. 4 City - St-2ip				
TITLE	D			3.1 TITLE			Change Addition	
NAME	MOODY, RICHARD		321	NAME				
STREET ADDRESS	14229 BLACKBERRY DRIVE	1	3.3 9	STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - ST - ZIP				
TITLE	CD DAME DAME	DELETE	1	TITLE			Change Addition	
NAME	DUNCOMBE, DAVID			NAME				
STREET ADDRESS	3004 NW 3RD AVE. POMPANO BEACH FL				ADDRESS			
CITY-ST-ZIP		Therese		CITY-S	T-ZIP	ļ <u>.</u>	Character Character	
TITLE	SD Stevens, Margo	DELETE		TITLE			Change Addition	
NAME	139 NORTH COUNTY ROAL	STE 20	1	NAME				
STREET ADDRESS	PALM BEACH FL	7, OIL. 30			ADDRESS			
CITY-ST-ZIP	FALM DEAUTIFE	DELETE	-	CITY - S	1 - ZIP	<sub>D</sub>	Change Addition	
TITLE	1			TITLE		Hobbs, Bill	Change T Addition	
NAME				NAME		1		
STREET ADDRESS					ADDRESS	1629 16th	22407	
CITY-ST-ZIP	by certify that the information supplier	d with this filing is voluntarily for		CITY-S and c		West Palm Beach, FL qualify for the exemption stated in Section 119		
further co	ertify that the information indicated on	this annual report or suppleme	ental ann	nual r	eport is t	true and accurate and that my signature shall h	ave 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.								
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR