

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 06, 2006  
Secretary of State**

DOCUMENT# N94000001826

Entity Name: MISSIONS OF MERCY, INC.

**Current Principal Place of Business:**

139 N. COUNTY ROAD  
SUITE 30  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 511  
PALM BEACH, FL 33480 US

**New Mailing Address:**

FEI Number: 65-0475465      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:**

STEVENS, DWIGHT  
139 N. COUNTY ROAD  
PALM BEACH, FL 33480 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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEVENS, DWIGHT M  
Address: 139 NORTH COUNTY ROAD, SUITE 30  
City-St-Zip: PALM BEACH, FL

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

Title: D ( ) Delete  
Name: YANOWITZ, DORIS  
Address: 89 NORTHHAMPTON  
City-St-Zip: WEST PALM BEACH, FL 33417

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

Title: T ( ) Delete  
Name: YANOWITZ, HYMAN M  
Address: 89 NORTHHAMPTON E  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T (X) Change ( ) Addition  
Name: MCKEN, WINSTON N  
Address: 20020 NW 33RD AVENUE  
City-St-Zip: MIAMI, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the 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: DWIGHT STEVENS

P

07/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date