

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001826

FILED
May 05, 2008
Secretary of State

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:

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

Title: D () Delete
Name: WHITFIELD, GRAHAM
Address: 235 QUEENS LANE
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: SMITH, KATHERYNE D
Address: 256 CORDOVA ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: SMITH, KATHERYNE D
Address: 139 NORTH COUNTY ROAD, # 31
City-St-Zip: PALM BEACH, FL 33480

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: DWIGHT STEVENS

PD

05/05/2008

Electronic Signature of Signing Officer or Director

Date