

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001826

FILED  
Apr 23, 2010  
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 ( )

**Name and Address of Current Registered Agent:**

STEVENS, DWIGHT  
139 N. COUNTY ROAD  
PALM BEACH, FL 33480 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: PD  
Name: STEVENS, DWIGHT M  
Address: 139 NORTH COUNTY ROAD, SUITE 30  
City-St-Zip: PALM BEACH, FL

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

Title: T  
Name: STEVENS, KATHERYNE D  
Address: 139 NORTH COUNTY ROAD, # 31  
City-St-Zip: PALM BEACH, FL 33480

I hereby 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 all other like empowered.

SIGNATURE: DWIGHT STEVENS

P

04/23/2010

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

\_\_\_\_\_  
Date