

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710136

Entity Name: MERCY FELLOWSHIP MINISTRIES INC**Current Principal Place of Business:**711 ST. JOHNS BLUFF RD. NORTH
JACKSONVILLE, FL 32225**Current Mailing Address:**711 ST. JOHNS BLUFF RD. NORTH
JACKSONVILLE, FL 32225 US**FEI Number:** 59-0950077**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORSE, SAMIEH S
711 ST. JOHNS BLUFF RD. NORTH
JACKSONVILLE, FL 32225 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:** SAMIEH S NORSE

03/19/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HAIG, RICHARD
Address 711 ST. JOHNS BLUFF RD. NORTH
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name WALLACE, ROBERT
Address 711 ST. JOHNS BLUFF RD. NORTH
City-State-Zip: JACKSONVILLE FL 32225

Title TREASURER
Name NORSE, TIMOTHY PAUL
Address 711 ST. JOHNS BLUFF RD. N
City-State-Zip: JACKSONVILLE FL 32225

Title CLERGY REPRESENTATIVE
Name MUSTAFA, ERROL
Address 711 ST. JOHNS BLUFF RD. N
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY
Name NORSE, SAMIEH S
Address 711 ST. JOHNS BLUFF RD. NORTH
City-State-Zip: JACKSONVILLE FL 32225

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: MUSTAFA, ERROL**PASTOR**

03/19/2022

Electronic Signature of Signing Officer/Director Detail

Date