2018 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: Yes

FILED Aug 22, 2018

Secretary of State

CC8927490205

Date

Date

Name and Address of Current Registered Agent:

WALTON, LYDIA 9725 DOOLITTLE RD JACKSONVILLE, FL 32246 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: LYDIA WALTON 08/22/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

TitleCEOTitleASST. SECRETARYNameWALTON, LYDIANameGLENN, DEBORAH AAddress9725 DOOLITTLE RD.Address2752 CAVENDER CT

City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32216

Title PRESIDENT Title FIRST VICE PRESIDENT

Name QUINN, STEVE Name HAIG, RICHARD

Address 711 ST. JOHNS BLUFF RD. N Address 711 ST. JOHNS BLUFF RD. N City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32225

Title SECOND VICE PRESIDENT Title SECRETARY

Name WALLACE, ROBERT Name REHBERG, LINDA

Address 711 ST. JOHNS BLUFF RD N Address 711 ST. JOHNS BLUFF RD. N
City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32225

Title TREASURER Title CLERGY REPRESENTATIVE

Name NORSE, TIMOTHY PAUL Name NORSE, MALCOLM

Electronic Signature of Signing Officer/Director Detail

Address 711 ST. JOHNS BLUFF RD. N

City-State-Zip: JACKSONVILLE FL 32225

Address 711 ST. JOHNS BLUFF RD. N

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: DEBORAH GLENN ASST SEC 08/22/2018