

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000978

**Entity Name:** HANDS OF MERCY EVERYWHERE, INC.

**Current Principal Place of Business:**

6017 SE ROBINSON RD  
BELLEVIEW, FL 34420

**Current Mailing Address:**

6017 SE ROBINSON RD  
BELLEVIEW, FL 34420 US

**FEI Number: 59-3630008**

**Certificate of Status Desired: Yes**

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

WISEMAN, ROBERTA  
16632 SE 2ND LN  
SILVER SPRINGS, FL 34488 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

**Officer/Director Detail :**

Title BOARD MEMBER  
Name WISEMAN, ROBERTA  
Address 16632 SE 2ND LN  
City-State-Zip: SILVER SPRINGS FL 34488

Title TREASURER  
Name OCHOA, JENNIFER  
Address 1054 SE 69TH AVE  
City-State-Zip: OCALA FL 34472

Title PRESIDENT  
Name SCHOFIELD, DIANE  
Address 1758 SE 8TH ST  
City-State-Zip: OCALA FL 34471

Title CHAIRMAN  
Name LEWIS, JESSICA  
Address 12048 SE 72ND TERR RD  
City-State-Zip: BELLEVIEW FL 34420

Title BOARD MEMBER  
Name WALKER, ALICIA  
Address PO BOX 1987  
City-State-Zip: OCALA FL 34475

Title BOARD MEMBER  
Name LABAGH, AARON  
Address 1420 SE 8TH ST  
City-State-Zip: OCALA FL 34471

Title FINANCE & PROPERTY MANAGER  
Name GRIFFIN, CAROL  
Address 6017 SE ROBINSON RD  
City-State-Zip: BELLEVIEW FL 34420

Title COO  
Name DEEN, AIMEE  
Address 6017 SE ROBINSON RD  
City-State-Zip: BELLEVIEW FL 34420

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*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: CAROL GRIFFIN**

**FINANCE & PROPERTY  
MANAGER**

**02/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name ABSHIER, DAMA  
Address 2918 SE 14TH STREET  
City-State-Zip: OCALA FL 34471

Title VP  
Name THEN, WENDY  
Address 15975 SE 27TH AVENUE  
City-State-Zip: SUMMERFIELD FL 34491