

2018 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:** No**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	S
Name	WISEMAN, ROBERTA
Address	16632 SE 2ND LN
City-State-Zip:	SILVER SPRINGS FL 34488

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

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

Title	BOARD MBR
Name	CRYSLER, CASEY
Address	2202 SE 24 TERR
City-State-Zip:	OCALA FL 34471

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

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

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

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: DIANE SCHOFIELD**CEO****01/08/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date