2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000978

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

FEI Number: 59-3630008 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WISEMAN, ROBERTA 16632 SE 2ND LANE 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

FILED Jan 22, 2014

Secretary of State

CC5081254632

Officer/Director Detail:

Title	Р	Title	S

NameWISEMAN, ROBERTANameOCHOA, JENNIFERAddress16632 SE 2ND LANEAddress1054 SE 69TH AVE.City-State-Zip:SILVER SPRINGS FL 34488City-State-Zip:OCALA FL 34472

Title **BOARD MBR** Title D Name DEEN, AIMEE SCHOFIELD, DIANE Name Address 37 TEAK LOOP Address 16482 SE 3RD ST City-State-Zip: OCALA FL 34472 City-State-Zip: SILVER SPRINGS FL 34488

TitleBOARD MBRTitleBOARD MBRNameCRYSLER, CASEYNameOWENS, KATY

Address 2202 SE 24 TERRACE Address 2003 SE 37 COURT CIRCLE

City-State-Zip: OCALA FL 34471 City-State-Zip: OCALA FL 34471

Title **BOARD MBR** Title **BOARD MBR** Name WALKER, ALICIA LEWIS, JESSICA Name PO BOX 1987 Address Address 12048 SE 72ND TERR RD City-State-Zip: OCALA FL 34475 BELLEVIEW FL 34420 City-State-Zip:

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

Electronic Signature of Signing Officer/Director Detail

CEO

01/22/2014

Date