

2022 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

FILED
Feb 18, 2022
Secretary of State
0432207354CC

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 PRESIDENT
Name SCHOFIELD, DIANE
Address 1618 HILTON HEAD BLVD
City-State-Zip: THE VILLAGES FL 32159

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

Title TREASURER
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

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

Continues on page 2

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 & PROPERTIES 02/18/2022
MANAGER**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title COMPLIANCE OFFICER
Name SOLTIS, JANE
Address 3033 MAYWOOD COURT
City-State-Zip: THE VILLAGES FL 32162

Title BOARD
Name WALKER, ALICIA
Address P.O.BOX 1987
City-State-Zip: OCALA FL 34475

Title BOARD
Name DOBKOWSKI, NATASHA
Address 5335 SE 103RD ST
City-State-Zip: BELLEVIEW FL 34420

Title BOARD MEMBER
Name MARQUEZ, LUCIA
Address 667 NW 65TH PLACE
City-State-Zip: OCALA FL 34482

Title BOARD
Name COTE, LENNY
Address 2040 SE 37TH COURT CIRCLE
City-State-Zip: OCALA FL 34471

Title BOARD
Name GLOVER, HANNAH
Address 7334 SE 115TH ST
City-State-Zip: BELLEVIEW FL 34420