

**2016 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

**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

**Officer/Director Detail :**

Title SECRETARY  
Name WISEMAN, ROBERTA  
Address 16632 SE 2ND LANE  
City-State-Zip: SILVER SPRINGS FL 34488

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

Title PRESIDENT  
Name SCHOFIELD, DIANE  
Address 16482 SE 3RD ST  
City-State-Zip: SILVER SPRINGS FL 34488

Title BOARD MBR  
Name DEEN, AIMEE  
Address 37 TEAK LOOP  
City-State-Zip: OCALA FL 34472

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

Title BOARD MBR  
Name DAVIS, MALANEE  
Address P.O. BOX 830836  
City-State-Zip: OCALA FL

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

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

**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:** DIANE SCHOFIELD

**CEO**

**03/07/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD MBR  
Name GERRITY, LORRAINE  
Address 5740 S.E. 23RD LANE  
City-State-Zip: OCALA FL 34480

Title BOARD MBR  
Name LABAGH, AARON  
Address 420 S.E. 8TH STREET  
City-State-Zip: OCALA FL 34471