

2017 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 DEEN, AIMEE
Address 37 TEAK LOOP
City-State-Zip: OCALA FL 34472

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

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

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

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

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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