

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008363

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC8548125384**

**Entity Name:** MERCY INTERNATIONAL EMERGENCY MANAGEMENT SOLUTIONS INC.

**Current Principal Place of Business:**

6207 CREEKBEND DR  
STE M  
HOUSTON, TX 77096

**Current Mailing Address:**

6207 CREEKBEND DR  
STE M  
HOUSTON, TX 77096

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSE, PRISCILLA  
1897 PALM BEACH LAKES BLVD  
STE 201  
WEST PALM BEACH, FL 33409 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            P  
Name            ROSE, PRISCILLA  
Address        6207 CREEKBEND DRIVE  
City-State-Zip: HOUSTON TX 77096  
  
Title            SECT  
Name            HUTCHINSON, MIAEDA A  
Address        2824 S. BARTELL DRIVE, G38  
City-State-Zip: HOUSTON TX 77054

Title            VP  
Name            HUTCHINSON, KELLEN  
Address        6207 CREEKBEND DRIVE  
City-State-Zip: HOUSTON TX 77096

*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: PRISCILLA ROSE**

**PRESIDENT**

**05/01/2015**

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

\_\_\_\_\_  
Date