

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001083

Entity Name: MERCY COMMUNITY CAPITAL INC.**Current Principal Place of Business:**1600 BROADWAY, SUITE 2000
DENVER, CO 80202**Current Mailing Address:**1600 BROADWAY, SUITE2000
DENVER, CO 80202 US**FEI Number: 84-1559406****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR
Name JAIME, GOMEZ
Address 1981 BLAKE STREET
City-State-Zip: DENVER CO 80202

Title DIRECTOR
Name SPEARS, STEVE
Address 1600 BROADWAY, SUITE 2000
City-State-Zip: DENVER CO 80202

Title SECRETARY
Name GLASGOW-GILL, LAURIE
Address 1600 BROADWAY, SUITE2000
SUITE 1000
City-State-Zip: DENVER CO 80202

Title DIRECTOR
Name FLOREK, SR. CORINNE
Address 462 ELWOOD AVE
SUITE 2
City-State-Zip: OAKLAND CA 94610

Title PRESIDENT
Name JASON, BATTISTA
Address 1600 BROADWAY
SUITE 2000
City-State-Zip: DENVER CO 80202

Title DIRECTOR
Name CAMACHO, YVONNE
Address 547 COOK STREET
City-State-Zip: DENVER CO 80206

Title DIRECTOR
Name RAMOS, NONI
Address 101 MONTGOMERY STREET
SUITE 1350
City-State-Zip: SAN FRANCISCO CA 94104

Title TREASURER
Name GALLEGOS, THERESA
Address 1600 BROADWAY, SUITE 2000
City-State-Zip: DENVER CO 80202

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: LAURIE GLASGOW-GILL**SECRETARY****01/03/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BYERS, TOM
Address 93 PIKE STREET
 SUITE 315
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR
Name MARTIN, TIMOTHY
Address 70 CORPORATE CENTER
 11000 BROKEN LAND PKWY SUITE
 700
City-State-Zip: COLUMBIA MD 21044