

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001945

Entity Name: MERCY FOUNDATION GROUP, INC.**Current Principal Place of Business:**1701 N.14TH STREET
TAMPA, FL 33602**Current Mailing Address:**405 S.DALE MABRY HWY., #112
TAMPA, FL 33609**FEI Number:** 26-1951381**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENTS, INC.
3030 N. ROCKY POINT DR., STE.150A
TAMPA, FL 33607 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 PCHR
Name JOHNSON, JOE
Address 405 S.DALE MABRY HWY., #112
City-State-Zip: TAMPA FL 33609

Title VCVF
Name JOHNSON, LINDSAY
Address 405 S.DALE MABRY HWY., #112
City-State-Zip: TAMPA FL 33609

Title T
Name SCULL, LYNDIA
Address 405 S.DALE MABRY HWY., #112
City-State-Zip: TAMPA FL 33609

Title D
Name PINK, MICHAEL
Address 405 S.DALE MABRY HWY., #112
City-State-Zip: TAMPA FL 33609

Title S
Name SCULL, LYNDIA
Address 405 S.DALE MABRY HWY., #112
City-State-Zip: TAMPA FL 33609

Title D
Name MURPHY, DAVID
Address 405 S.DALE MABRY HWY., #112
City-State-Zip: TAMPA FL 33609

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: LYNDIA SCULL**SECRETARY****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date