FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711378

(0)

LEAGUE OF MERCY ASSOCIATION, INC.

FILED Apr 02 1998 8:00am Secretary of State

Pri	incipal Place of Business	Mailing Address								
P.O	IO MCINTOSH ROAD D. BOX 1920 WER FL 33527-4132	P. O. BOX 1920 DOVER FL 33527-1920 US				3. Date Incorporated or Qualified 08/18/1966 4. FEI Number 59-6194365	-	Applied For		
2. 21	Principal Place of Business	2a. Mailing Address 26				5. Certificate of Status Desired	-	.75 Additional ee Required		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
23	City & State	City & State				7. Is this nonprofit corporation a homeowners association? Yes M No				
24	Zip Country 25	Zip 29	· · —			8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30. Yes \(\sime\)				
	9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent							
		- ch		81	Name					
	GILMORE, RICARDO L. ESO.	, 097 BM	97 14/		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	101 E. KENNEDY BLVD TAMPA FL 33601	* 6099.00		63						
	60.	\$.,		84	City	FL	85	Zip Code		
-33	E 10 11 10 11 0000	047 4500 Fl 04-4-4	46.0	<u> </u>		tion automite this statement for the numero of	choo	ning its registered		

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE											
	Signature, typed or printed name of registered agent and title if applicable	e (NOTE: R	egistered Agent signature re		DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO O							
TITLE	V	DELETE	1.1 TITLE		Change	Addition					
NAME	HALL, REV. HAYWOOD EUDON		1.2 NAME								
STREET ADDRESS	4540 MCINTOSH ROAD		1.3 STREET ADDRESS								
CITY-ST-ZIP	DOVER FL		1.4 City-St-ZiP								
TITLE	STD	DELETE	2.1 TITLE		Change	☐ Addition					
NAME	EVANS, HAROLD W. REV.		2.2 NAME								
STREET ADDRESS	329 PANDORA DR		2.3 STREET ADDRESS								
CITY-ST-ZIP	GOOSE CREEK SC		2.4 CITY-ST-ZIP								
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition					
HAME	HALL, BRENDA G.		3.2 NAME								
STREET ADDRESS	4540 MCINTOSH RD.		3.3 STREET ADDRESS								
CITY-ST-ZIP	DOVER FL		3.4. CITY-ST-ZIP								
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition					
HAME	USSERY, RANZER C. REV.		4. 2 NAME								
STREET ADDRESS	4540 MCINTOSH ROAD		4.3 STREET ADDRESS								
CITY-ST-ZIP	DOVER FL		4.4 CITY-ST-ZIP			<u></u>					
TITLE	VD	DELETE	5.1 TITLE		Change	☐ Addition					
NAME	HASELDEN, E.K. REV.	•	5.2 NAME								
STREET ADDRESS	3425 DEARCY AVE.		5.3 STREET ADDRESS								
City-St-ZiP	LOUISVILLE FL		5.4 City - ST - ZIP								
TITLE	VPD	DELETE	6.1 TITLE		☐ Change	Addition					
NAME	GREENE, JAMES R		6.2 NAME								
STREET ADDRESS	2725 S. LIVE OAK DR.		6.3 STREET ADDRESS								
	LANGUE CORNER CO										

I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Informatic indicated on this annual report by supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the officer or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Ricck 12 or Block 13 if chapter 6 on an attachment with an address.

SIGNATURE:

anser C. Urrent March 2

CR2E037 (10/97)