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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90112 032 \*\*\*\*70.00

**DOCUMENT # 711378**

1. Corporation Name

**LEAGUE OF MERCY ASSOCIATION, INC.**

Principal Place of Business

4540 MCINTOSH ROAD  
P.O. BOX 1920  
DOVER FL 33527-4132  
US

Mailing Address

P. O. BOX 1920  
DOVER FL 33527-1920  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/18/1966

4. FEI Number

59-6194365

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GILMORE, RICARDO L. ESQ.  
101 E. KENNEDY BLVD  
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME HALL, REV. HAYWOOD EUDON  
STREET ADDRESS 4540 MCINTOSH ROAD  
CITY-ST-ZIP DOVER FL

TITLE STD ☐ DELETE  
NAME EVANS, HAROLD W. REV.  
STREET ADDRESS 329 PANDORA DR  
CITY-ST-ZIP GOOSE CREEK SC

TITLE AS ☐ DELETE  
NAME HALL, BRENDA G.  
STREET ADDRESS 4540 MCINTOSH RD.  
CITY-ST-ZIP DOVER FL

TITLE PD ☐ DELETE  
NAME USSERY, RANZER C. REV.  
STREET ADDRESS 4540 MCINTOSH ROAD  
CITY-ST-ZIP DOVER FL

TITLE VPD ☐ DELETE  
NAME GREENE, JAMES R  
STREET ADDRESS 2725 S. LIVE OAK DR.  
CITY-ST-ZIP MONCK'S CORNER SC

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 information indicated on this annual report or 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21/99 / 813-652 0318  
Date Daytime Phone #

CR2E037 (11/98)