


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 711378 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6194365 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILMORE, RICARDO L. ESQ. 101 E. KENNEDY BLVD TAMPA FL 33601			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, HAROLD W. REV.		NAME	U00000368322 05/25/05-80014-001 70.00	
STREET ADDRESS	329 PANDORA DR		STREET ADDRESS		
CITY- ST- ZIP	GOOSE CREEK SC		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	USSERY, RANZER C. REV.		NAME		
STREET ADDRESS	4540 MCINTOSH ROAD		STREET ADDRESS		
CITY- ST- ZIP	DOVER FL		CITY- ST- ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE, JAMES R		NAME		
STREET ADDRESS	2725 S. LIVE OAK DR.		STREET ADDRESS		
CITY- ST- ZIP	MONCKS CORNER SC		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ranzer C. Ussery</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			May 1st, 05 1.813.659.0318 Date Daytime Phone #		