2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90201 011 ****70.00

DOCUMENT # 711378

1. Entity Name

LEAGUE OF MERCY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4540 MCINTOSH ROAD P.O. BOX 1920 DOVER FL 33527-4132 US	P. O. BOX 1920 DOVER FL 33527-1920 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6194365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY ST ZIP	STDT EVANS, HAROLD W. REV. 329 PANDORA DR GOOSE CREEK SC	☐ Delete	VPDT USSERY, JANIE K. MRS. 4540 McIntosh Rd. Dover, FL 33527-1920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PDT USSERY, RANZER C. REV. 4540 MCINTOSH ROAD DOVER FL	☐ Delete	D/T USSERY, LISA A. 4540 McIntosh Rd Dover, FL 33527-1920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPDT GREENE, JAMES R 2725 S. LIVE OAK DR. MONCKS CORNER SC	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MALONE, KELLY REV 5 BLACK HAWK TRL MYRTLE BEACH SC 29588	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ROYALS, GENE REV 1710 LONGLEAF ESTATES MYRTLE BEACH SC 29575	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D KIRKLAND SR, SAM L DR 4540 MCINTOSH RD DOVER DOVER FL 33527	☒ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Ranzer C. Ussery April 14/07 813-659-0318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #