

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90116 046 \*\*\*\*70.00

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME	<b>STD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>EVANS, HAROLD W. REV.</b>	
CITY-ST-ZIP	<b>329 PANDORA DR GOOSE CREEK SC</b>	
TITLE NAME	<b>PD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>USSERY, RANZER C. REV.</b>	
CITY-ST-ZIP	<b>4540 MCINTOSH ROAD DOVER-FL</b>	
TITLE NAME	<b>VPD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>GREENE, JAMES R</b>	
CITY-ST-ZIP	<b>2725 S. LIVE OAK DR. MONCK'S CORNER SC</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>MALONE, KELLY. REV.</b>	
CITY-ST-ZIP	<b>3926 Wesley St., Suite # 403 Myrtle Beach, S.C. 29579</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>HAMPTON, TOMMY REV.</b>	
CITY-ST-ZIP	<b>4540 McIntosh Rd. DOVER, FL 33529-</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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)(i), 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 **Harold W. Evans**

**EVANS, HAROLD W.**

**1.813.659.0318**

CR2E037 (10/02)