

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90018 029 ****61.25

DOCUMENT # N00000000186

1. Entity Name

FLORIDA DIVINE MERCY MISSION, INC.



Principal Place of Business

6039 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33884

Mailing Address

6039 CYPRESS GARDENS BLVD.
BOX 203
WINTER HAVEN FL 33884

94046322



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3617827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WELLS, PAUL D
2412 BERKSHIRE DR.
WINTER HAVEN FL 33884

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
Due By May 1, 2004**

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
STREET ADDRESS
CITY-ST-ZIP
VD
WELLS, PAUL D
2412 BERKSHIRE DR.
WINTER HAVEN FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ANDREW, WILLIAM F
1818 5TH STREET,S.E.
WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LANGBEIN, CHARLES E
120 PARKSIDE DRIVE
WINTER HAVEN FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
COSTA, CARMEN
1503 AVE. E.,N.E.
WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WYNNE, MARY
2011 BRENTWOOD DRIVE
AUBURNDAL FL 33823 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

C. E. Langbein Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.E. LANGBEIN JR

3/31/04 (863)324-6463

Date

Daytime Phone #