

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90112 045 ****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**

60019817



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3617827**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS, PAUL D	
STREET ADDRESS	2412 BERKSHIRE DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDREW, WILLIAM F	
STREET ADDRESS	1818 5TH STREET,S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANGBEIN, CHARLES E	
STREET ADDRESS	120 PARKSIDE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COSTA, CARMEN	
STREET ADDRESS	1503 AVE. E.N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYNNE, MARY	
STREET ADDRESS	2011 BRENTWOOD DRIVE	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: SIGNATURE REQUIRED LANGBEIN JR 4/15/03 (863) 324-6408

CR2E037 (10/02)