

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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