

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000978

FILED
Jan 04, 2007
Secretary of State

Entity Name: HANDS OF MERCY EVERYWHERE, INC.

Current Principal Place of Business:

6017 SE ROBINSON RD
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

6017 SE ROBINSON RD
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 59-3630008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLSEY, GENE
14523 SE 1ST AVE ROAD
OCALA, FL 34491 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIM, HOOPENGARNER
Address: 1235 SE 17TH AVE
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: ALTENBURGER, CAROL
Address: 724 S.E. 24TH TERR.
City-St-Zip: OCALA, FL 34471

Title: P/T () Delete
Name: WOOLSEY, GENE
Address: 14523 S.E. 1ST AVE.
City-St-Zip: OCALA, FL 32691

Title: D () Delete
Name: SCHOFIELD, DIANE
Address: 16482 SE 3RD ST
City-St-Zip: SILVER SPRINGS, FL 34488

Title: S () Delete
Name: SHEILA, MICHELLE
Address: 361 SE 54TH AVE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: CHRIS, BOYD
Address: 1700 SE 17TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KIM, HOOPENGARNER
Address: 1235 SE 17TH AVE
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: ALTENBURGER, CAROL
Address: 724 S.E. 24TH TERR.
City-St-Zip: OCALA, FL 34471

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JANICE, MARTIN
Address: 2319 SE 30TH PL
City-St-Zip: OCALA, FL 34474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE SCHOFIELD

D

01/04/2007

Electronic Signature of Signing Officer or Director

Date