## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000978

FILED Feb 17, 2010 Secretary of State

Entity Name: HANDS OF MERCY EVERYWHERE, INC.

Current Principal Place of Business: New Principal Place of Business:

6017 SE ROBINSON RD BELLEVIEW, FL 34420

Current Mailing Address: New Mailing Address:

6017 SE ROBINSON RD BELLEVIEW, FL 34420

FEI Number: 59-3630008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYD, CHRIS
WISEMAN, ROBERTA SEC
1700 SE 17TH STREET
16632 SE 2ND LANE
SILVER SPRINGS EL 24488

OCALA, FL 34471 US SILVER SPRINGS, FL 34488 US

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: ROBERTA WISEMAN 02/17/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: VP

Name: CASEY, JIM DR Address: 9150 SE 7TH AVE City-St-Zip: OCALA, FL 34480

Title: D

Name: LILES, BREANNA
Address: 4621 NE 16TH PLACE
City-St-Zip: OCALA, FL 34471

Title: F

Name: DONAHUE, JOHN
Address: 6648 SE 9TH PLACE
City-St-Zip: OCALA, FL 34472

Title:

Name: SCHOFIELD, DIANE Address: 16482 SE 3RD ST

City-St-Zip: SILVER SPRINGS, FL 34488

Title: D

Name: COUNTS, DANA

Address: 10395 SE SUNSET HARBOR ROAD

City-St-Zip: SUMMERFIELD, FL 34491

Title: TRES

 Name:
 HELLIN, ANDREA

 Address:
 545 BALMORAL LN

 City-St-Zip:
 THE VILLAGES, FL 32162

I hereby 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 all other like empowered.

SIGNATURE: DIANE V. SCHOFIELD D 02/17/2010