

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90095 012 ****61.25

DOCUMENT # N00000000978

1. Entity Name

Hands of Mercy Everywhere, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6017 S.E. Robinson Road

3. Mailing Address

8100 S.E. 12th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bellevue, FL.

City & State
Ocala, FL.

4. FEI Number
59-3630008

Applied For
Not Applicable

Zip
34431

Country
Marion

Zip
34480

Country
Marion

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name William D. Peoples

Street Address (P.O. Box Number is Not Acceptable)
8100 S.E. 12th Ct.

City Ocala FL 34480

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 *William D. Peoples*

William D. Peoples, Trustee 3-3-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 Peoples, William D.
STREET ADDRESS 8100 S.E. 12th Ct.
CITY-ST-ZIP Ocala, FL. 34480

TITLE
NAME Graves, Milton Jr.
STREET ADDRESS 5055 S.E. 44th Ave.
CITY-ST-ZIP Ocala, FL. 34480

TITLE
NAME Leist, Gary
STREET ADDRESS 4200 S.E. 60th St.
CITY-ST-ZIP Ocala, FL. 34480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William D. Peoples* William D. Peoples, Tr. 3-3-03 352-2372291

CR2E037B (12/02)