2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# N00000005617

Entity Name: MERCY IN ACTION, INC.

Current Principal Place of Business:

8712 HIGH STREET
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

PO BOX 76113
TAMPA, FL 336751113

New Mailing Address:

8712 HIGH STREET
TAMPA, FL 3314

FEI Number: 59-3667351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULL, M. DIANNE
8712 HIGH STREET
TAMPA, FL 33614 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:	P	( ) Delete
Name:	HULL, M. DIANNE	
Address:	8712 HIGH STREET	
City-St-Zip:	TAMPA, FL 33614	
Title:	TSD	( ) Delete
Name:	BLICKENDERFER, MRS. VIVIANE	
Address:	4223 CARTNAL DR	
City-St-Zip:	TAMPA, FL 33624 0	
Title:	D	( ) Delete
Name:	BLICKENSDERFER, ATTORNEY M	
Address:	4223 CARTNAL DR	
City-St-Zip:	TAMPA, FL 33624	
Title:	D	( ) Delete
Name:	DENOOYER, NORMAN	
Address:	2655 EASTERN AVE. S.E.	
City-St-Zip:	GRAND RAPIDS, MI 49507	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: M. DIANNE HULL PRES 04/23/2005

Electronic Signature of Signing Officer or Director — Date