

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90385 002 ****61.25

UBR4/20

DOCUMENT # N00000005617

1. Entity Name

MERCY IN ACTION, INC.



Principal Place of Business

**1519 E. 15TH AVENUE
TAMPA FL 33605**

Mailing Address

**PO BOX 76113
TAMPA FL 33675-1113**

2. Principal Place of Business

114 North Montclair Avenue

3. Mailing Address

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

BRANDON, FL

City & State

Zip

33510

Country

Hillsborough

Country

4. FEI Number **59-3667351**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HULL, M. DIANNE
1519 E. 15TH AVENUE
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

114 North Montclair Avenue

City

BRANDON

FL

Zip Code

33510

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

M. Dianne Hull, President

3/28/03

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HULL, M. DIANNE	1519 E. 15TH AVENUE	TAMPA FL 33605	<input type="checkbox"/>
VD	RODNEY, REV. KEN	2714 N. 16TH ST	TAMPA FL 33605	<input checked="" type="checkbox"/>
TSD	BLICKENDERFER, MRS. VIVIANE	4223 CARTNAL DR	TAMPA FL 33624	<input type="checkbox"/>
D	BLICKENSDFER, ATTORNEY M	4223 CARTNAL DR	TAMPA FL 33624	<input type="checkbox"/>
D	DENOoyer, NORMAN	2655 EASTERN AVE. S.E.	GRAND RAPIDS MI 49507	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *M. Dianne Hull, President* **M. Dianne Hull** **3/28/03** **(813)300-6822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)