

# 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

**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.

City & State

**BRANDON, FL**

City & State

Zip

**33510**

Country

**Hillborough**

Country

4. FEI Number **59-3667351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



☒ CHECK HERE IF MAKING CHANGES

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 **P** ☐ Delete  
NAME **HULL, M. DIANNE**  
STREET ADDRESS **1519 E. 15TH AVENUE**  
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **VD** ☒ Delete  
NAME **RODNEY, REV. KEN**  
STREET ADDRESS **2714 N. 16TH ST**  
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **TSD** ☐ Delete  
NAME **BLICKENDERFER, MRS. VIVIANE**  
STREET ADDRESS **4223 CARTNAL DR**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ Delete  
NAME **BLICKENSDEKFER, ATTORNEY M**  
STREET ADDRESS **4223 CARTNAL DR**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ Delete  
NAME **DENOYER, NORMAN**  
STREET ADDRESS **2655 EASTERN AVE. S.E.**  
CITY-ST-ZIP **GRAND RAPIDS MI 49507**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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)