

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008083

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** MERCY FAMILY CENTER, INC.

**Current Principal Place of Business:**

11989 SW 56TH STREET  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 83-2885  
MIAMI, FL 33283

**New Mailing Address:**

**FEI Number:** 65-1029969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUADALUPE, JORGE BISHOP  
9227 SW 157TH PATH  
MIAMI, FL 33196 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: PDC  
Name: GUADALUPE, JORGE BISHOP  
Address: P.O. BOX 83-2885  
City-St-Zip: MIAMI, FL 33283

Title: D  
Name: MOLINA, ENEYDA  
Address: P.O. BOX 83-2885  
City-St-Zip: MIAMI, FL 33283

Title: D  
Name: MOLINA, NIGEL  
Address: P.O. BOX 83-2885  
City-St-Zip: MIAMI, FL 33283

Title: VS  
Name: GUADALUPE, RUTH  
Address: P.O. BOX 83-2885  
City-St-Zip: MIAMI, FL 33283

Title: D  
Name: MARCIAL-ESTADES, ANGEL DR.  
Address: P.O. BOX 83-2885  
City-St-Zip: MIAMI, FL 33283

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: BISHOP JORGE GUADALUPE

PDC

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date