2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# N02000002876

Entity Name: HOUSE OF BOUNTIFUL MERCY MINISTRIES, INC.

Current Principal Place of Business:

1805 N.E. 23RD AVE
STE 1
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

3713 S.E. 14TH TERRACE
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 37-1426906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, DORIS A
3713 S.E. 14TH TERRACE
GAINESVILLE, FL 32641 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:	PAS	( ) Delete
Name:	HARRIS, DORIS A	
Address:	3713 S.E. 14TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32641	
Title:	THD	( ) Delete
Name:	HARRIS, LONNIE	
Address:	3280 SE 19TH AVE	
City-St-Zip:	GAINESVILLE, FL 32641	
Title:	TFS	( ) Delete
Name:	MCCALLISTER, SHARON	
Address:	1710 SE 32ND STREET	
City-St-Zip:	GAINESVILLE, FL 32641	
Title:	T	( ) Delete
Name:	MCCALLISTER, ALFREDDIE	
Address:	1710 SE 32RD STREET	
City-St-Zip:	GAINESVILLE, FL 32641	

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 Chapter 119, 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: DORIS HARRIS PAS 01/27/2006

Electronic Signature of Signing Officer or Director — Date