

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-10-2003 90749 048 ****61.25

DOCUMENT # N02000002876

1. Entity Name

HOUSE OF BOUNTIFUL MERCY MINISTRIES, INC.



Principal Place of Business

**719 N.W. 31ST AVENUE
GAINESVILLE FL 32609**

Mailing Address

**735 N W 7TH STREET
GAINESVILLE FL 32601**

2. Principal Place of Business

3131 NW 13th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

4. FEI Number

37-1426906

Applied For

Not Applicable

Zip

32609

Country

USA

Zip

3

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, DORIS A

**735 N.W. 7TH STREET
GAINESVILLE FL 32601**

Name

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

City

FL

Zip Code

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

Doris A Harris

Doris Harris

3/7/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
NAME **HARRIS, DORIS A**
STREET ADDRESS **735 N.W. 7TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32601**

☐ Delete

TITLE **T**
NAME **Head Deacon
Lonnie Harris**
STREET ADDRESS **3240 SE 19th Ave**
CITY-ST-ZIP **Gainesville, FL 32641**

☐ Change

☒ Addition

TITLE **FS**
NAME **ADDISON, JOAN**
STREET ADDRESS **1811 S.E. 50TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32641**

☒ Delete

TITLE **T**
NAME **Financial Secretary
Sharon McCallister**
STREET ADDRESS **1710 SE 32nd Street**
CITY-ST-ZIP **Gainesville, FL 32641**

☐ Change

☒ Addition

TITLE **D**
NAME **TRUELUCK, ALBERT**
STREET ADDRESS **319 N.W. 16TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

☒ Delete

TITLE **T**
NAME **Trustee
Alfredie McCallister**
STREET ADDRESS **1710 SE 32nd St.**
CITY-ST-ZIP **Gainesville, FL 32641**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE REQUIRED Harris

3/7/03

352-338-0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)