


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N02000007728</b> 1. Entity Name <b>MERCY OUTREACH MINISTRIES, INC.</b>	
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**FILED**  
**04 OCT 15 AM 11:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business <b>2220 NW 51 AVE</b> <b>LAUDERHILL, FL 33313</b>	Mailing Address <b>1876 UNIVERSITY DR</b> <b>101 H</b> <b>PLANTATION, FL 33322</b>
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2. Principal Place of Business <b>4767 NW 24 CT.</b> Suite, Apt. #, etc. <b>LAUDERDALE LAKES, FL</b> City & State	3. Mailing Address <b>First Sunset strip</b> Suite, Apt. #, etc. <b>SAME</b> City & State <b>Sunrise, FL</b>	09132004 Chg-NP CR2E037 (10/03)
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4. FEI Number <b>47-0894128</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LOCKERD, WITCLIFFE</b> <b>2220 NW 51 AVE</b> <b>LAUDERHILL, FL 33313</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKERD, WITCLIFFE	NAME	<b>600041909916</b>
STREET ADDRESS	2220 NW 51 AVE	STREET ADDRESS	<b>10/15/04--01104--014 **70.00</b>
CITY-ST-ZIP	LAUDERHILL, FL 33313	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKERD, CAROLYN	NAME	
STREET ADDRESS	2220 NW 51 AVE	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33313	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, SHARON	NAME	
STREET ADDRESS	8117 NW 71 AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMAN, RHONA	NAME	
STREET ADDRESS	4490 NW 43 ST	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *[Signature]* **WITCLIFFE LOCKERD** **9/15/04** **954-298-2331**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #