


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90204 019 ****61.25

DOCUMENT # N02000007728

1. Entity Name
MERCY OUTREACH MINISTRIES, INC.



Principal Place of Business Mailing Address

4767 NW 24 CT 4767 NW 24 CT
 LAUDERDALE LAKES, FL 33313 LAUDERDALE LAKES, FL 33313

30036736



03032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0894128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKERD, WITCLIFFE
 2220 NW 51 AVE
 LAUDERHILL, FL 33313

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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 Witcliffe Lockerd DATE 05/08/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKERD, WITCLIFFE 2220 NW 51 AVE LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKERD, CAROLYN 2220 NW 51 AVE LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, SHARON 8117 NW 71 AVE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYMAN, RHONA <u>DAPHNE ROYES</u> 4400 NW 43 ST <u>3365 NW 33 CT.</u> LAUDERDALE LAKES, FL 33348 <u>33309</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Witcliffe Lockerd DATE 05/08/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W LOCKERD Date Daytime Phone #