

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000076

FILED
Jan 16, 2008
Secretary of State

Entity Name: MERCY SEAT MINISTRIES OF NORTHWEST FLORIDA INC.

Current Principal Place of Business:

248 HOLLYWOOD BLVD S.E.
FT WALTON BCH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1435
FT WALTON BCH, FL 32548

New Mailing Address:

FEI Number: 59-3251992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIPSON, TIMOTHY L
508 SOFTWOOD DR
FT WALTON BCH, FL 32548 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: BOD () Delete
Name: THOMAS, GARY
Address: 101 HUMMINGBIRD AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: BOD () Delete
Name: GIPSON, SANDRA D
Address: 508 SOFTWOOD DR.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: CFO () Delete
Name: DANIELS, BRENDA
Address: 309 STRAWBIDGE DR.
City-St-Zip: CRESTVIEW, FL 32539

Title: BODM () Delete
Name: TUCKER, MARIA
Address: 2420 AMBERJACK COURT
City-St-Zip: NAVARRE, FL 32566

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 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: TIMOTHY L GIPSON

CEO

01/16/2008

Electronic Signature of Signing Officer or Director

_____ Date