

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 09, 2009  
Secretary of State**

DOCUMENT# N03000000076

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 (X)

**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: MARIA A. TUCKER

BODM

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date