2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005617

FILED Apr 15, 2007 Secretary of State

Entity Name: MERCY & FAITH OUTREACH MINISTRIES, INC.

Surrent P	rincipal Place	of Business:	New Principal F	New Principal Place of Business:	
	IDEE CIRCLE DLA, FL 32526	US			
Current M	lailing Address	s:	New Mailing Ad	ldress:	
	IDEE CIRCLE DLA, FL 32526	US			
FEI Number	: 30-0210859	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Addr	ess of New Registered Agent:	
4901 RAN	Z, WILLIAM IDER CIR DLA, FL 32526	US			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its reg	istered office or registered agent, or both	
SIGNATU	RE:				
	Electroni	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Fitle: Name: Address: City-St-Zip:	P () MARTINEZ, WIL 4901 RANDEE C PENSACOLA, FI	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
	VP () MARTINEZ, DOF		Title: Name: Address:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	4901 RANDEE C PENSACOLA, FI		City-St-Zip:		
Name: Address:	4901 RANDEE O PENSACOLA, FI	L 32526 US Delete IRG LOOP	City-St-∠ıp: Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	4901 RANDEE C PENSACOLA, FI BM () CROOM, NEIL 475 SHARPSBU PENSACOLA, FI	L 32526 US Delete IRG LOOP L 32503 US Delete D A L BLVD	Title: Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	4901 RANDEE C PENSACOLA, FI BM () CROOM, NEIL 475 SHARPSBU PENSACOLA, FI BM () GARCIA, MARIO 1132 TRAMMEL PENSACOLA, FI	L 32526 US Delete IRG LOOP L 32503 US Delete O A LL BLVD L 32505 US Delete E DR	Title: Name: Address: City-St-Zip: Title: Name: Address:	.,, .,	

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM MARTINEZ PRES 04/15/2007