

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90002 008 ****70.00

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DOCUMENT # N03000005839 1. Entity Name MERCY MEDICAL MISSIONS OF PALM BEACH, INC.					
Principal Place of Business 7897 JACK JAMES DRIVE STE C STUART, FL 34997			Mailing Address 7897 JACK JAMES DRIVE STE C STUART, FL 34997		
2. Principal Place of Business 1927 NE SAN CARLOS CALLE		3. Mailing Address 1927 NE SAN CARLOS CALLE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JENSEN BCH, FL		City & State JENSEN BCH, FL		4. FEI Number 13-4256772	
Zip 34957		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, HOPEK J 1927 NE SAN CARLOS CALLE JENSEN BEACH, FL 34957				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOPEK, MARTIN J	NAME			
STREET ADDRESS	1927 NE SAN CARLOS CALLE	STREET ADDRESS			
CITY - ST - ZIP	JENSEN BEACH, FL 34957	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, LAWRENCE	NAME			
STREET ADDRESS	1120 FAIRVIEW LANE	STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH, FL 33404	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELVIN, WILLIAM	NAME			
STREET ADDRESS	1120 FAIRVIEW LANE	STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH, FL 33404	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BODE, MARK AM W	NAME			
STREET ADDRESS	224 DATURA STREET STE 1218	STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERRIOS, ALEX	NAME			
STREET ADDRESS	6134 NW GAYLORD TERRACE	STREET ADDRESS			
CITY - ST - ZIP	PORT ST LUCIE, FL 34986	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 exemptions contained 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 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: <i>[Signature]</i>		5/27/06 Date 772-919-1558			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					