

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005839

FILED
Apr 03, 2009
Secretary of State

Entity Name: MERCY MEDICAL MISSIONS OF PALM BEACH, INC.

Current Principal Place of Business:

1927 NE SAN CARLOS CALLE
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

1927 NE SAN CARLOSCALLE
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 13-4256772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPEK, MARTY J
1927 NE SAN CARLOS CALLE
JENSEN BEACH, FL 34957 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: D () Delete
Name: HOPEK, MARTIN J
Address: 1927 NE SAN CARLOS CALLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: SMITH, LAWRENCE
Address: 1120 FAIRVIEW LANE
City-St-Zip: WEST PALM BEACH, FL 33404

Title: D () Delete
Name: BODE, MARKAM W
Address: 224 DATURA STREET STE 1218
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BERRIOS, ALEX
Address: 6134 NW GAYLORD TERRACE
City-St-Zip: PORT ST LUCIE, FL 34986

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: MARTIN HOPEK

DIR

04/03/2009

Electronic Signature of Signing Officer or Director

Date