

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008478

Entity Name: PROJECT MERCY, INC.

FILED  
Apr 27, 2004  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 175  
GRAHAM, FL 32042

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 175  
GRAHAM, FL 32042

## New Mailing Address:

FEI Number: 20-0302222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWELL, BILLY G  
11844 SW COUNTY RD 18  
GRAHAM, FL 32042 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: NEWELL, BILLY G  
Address: P.O. BOX 175  
City-St-Zip: GRAHAM, FL 32042

Title: D ( ) Delete  
Name: NEWELL, SANDRA F  
Address: P.O. BOX 175  
City-St-Zip: GRAHAM, FL 32042

Title: D ( ) Delete  
Name: SMITH, CRYSTAL C  
Address: 17115 SW CR 231  
City-St-Zip: BROOKER, FL 32622

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DUNNAGAN, MICHAEL  
Address: 1702 BECKER DR  
City-St-Zip: KILLEEN, TX 76543

Title: D (X) Change ( ) Addition  
Name: FLOWERS, DONNIE  
Address: 267 EDGAR ROAD  
City-St-Zip: LAKE PARK, GA 31636

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILLY G NEWELL

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date