

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007603

FILED
Aug 15, 2005
Secretary of State

Entity Name: HANDS OF MERCY CORPORATION OF CENTRAL FLORIDA

Current Principal Place of Business:

5240 NORTH SOCRUM LOOP ROAD
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

5240 NORTH SOCRUM LOOP ROAD
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 51-0519249 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRIEDT, WAYNE E JR.
5240 NORTH SOCRUM LOOP ROAD
LAKELAND, FL 33809 US

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: P () Delete
Name: FRIEDT, WAYNE E JR.
Address: 5240 NORTH SOCRUM LOOP ROAD
City-St-Zip: LAKELAND, FL 33809

Title: V () Delete
Name: FRIEDT, MAGDALENA G
Address: 1718 SHERWOOD LAKES BLVD.
City-St-Zip: LAKELAND, FL 33809

Title: V () Delete
Name: FRIEDT, JONATHAN
Address: 1041 HIDDEN DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: T () Delete
Name: BEAN, DANIEL C JR.
Address: 354 VINEYARD DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: S () Delete
Name: BEAN, VERONICA
Address: 354 VINEYARD DRIVE
City-St-Zip: LAKELAND, FL 33809

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:

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

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: WAYNE E. FRIEDT JR.

PRES

08/15/2005

Electronic Signature of Signing Officer or Director

Date