

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007603

1. Entity Name
**HANDS OF MERCY CORPORATION OF CENTRAL
FLORIDA**



Principal Place of Business
**5240 NORTH SOCRUM LOOP ROAD
LAKELAND, FL 33809**

Mailing Address
**5240 NORTH SOCRUM LOOP ROAD
LAKELAND, FL 33809**



05022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0519249

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FRIEDT, WAYNE E JR.
5240 NORTH SOCRUM LOOP ROAD
LAKELAND, FL 33809**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FRIEDT, MAGDALENA G
1718 SHERWOOD LAKES BLVD.
LAKELAND, FL 33809**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FRIEDT, JONATHAN
1041 HIDDEN DRIVE
LAKELAND, FL 33809**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BEAN, DANIEL C JR.
354 VINEYARD DRIVE
LAKELAND, FL 33809**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BEAN, VERONICA
354 VINEYARD DRIVE
LAKELAND, FL 33809**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-3-07 (863) 858-5668