

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011763

FILED  
Jul 25, 2006  
Secretary of State

**Entity Name:** MERCY GRACE TRUTH MINISTRIES, INC.

**Current Principal Place of Business:**

29A LOUVET LANE  
PALM COAST, FL 32137

**New Principal Place of Business:**

35 PROVIDENCE LANE  
PALM COAST, FL 32164

**Current Mailing Address:**

29A LOUVET LANE  
PALM COAST, FL 32137

**New Mailing Address:**

35 PROVIDENCE LANE  
PALM COAST, FL 32164

**FEI Number:** 20-2042930      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

WEBB, DAVID  
29A LOUVET LANE  
PALM COAST, FL 32137      US

**Name and Address of New Registered Agent:**

WEBB, DAVID  
35 PROVIDENCE LANE  
PALM COAST, FL 32164      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

07/25/2006

Date

**OFFICERS AND DIRECTORS:**

Title: PCD      ( ) Delete  
Name: WEBB, DAVID  
Address: 29A LOUVET LANE  
City-St-Zip: PALM COAST, FL 32137

Title: VSTD      ( ) Delete  
Name: STRICKLAND, JEANNIE  
Address: 20 LOUVET LANE  
City-St-Zip: PALM COAST, FL 32137

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCD      (X) Change ( ) Addition  
Name: WEBB, DAVID  
Address: 35 PROVIDENCE LANE  
City-St-Zip: PALM COAST, FL 32164

Title: VSTD      (X) Change ( ) Addition  
Name: WEBB, JEANNIE  
Address: 35 PROVIDENCE LANE  
City-St-Zip: PALM COAST, FL 32164

Title: D      ( ) Change (X) Addition  
Name: PANNELL, DOROTHY  
Address: 35 PROVIDENCE LANE  
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the 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: DOROTHY PANNELL

D

07/25/2006

Electronic Signature of Signing Officer or Director

Date