

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002845

1. Entity Name
ANGELS OF MERCY MINISTRIES, INC. FOR THE HOMELESS



Principal Place of Business
1404 BLUE MOON LN
FRUITLAND PARK, FL 34731

Mailing Address
PO BOX 164
FRUITLAND PARK, FL 34731

DO NOT WRITE IN THIS SPACE



04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
51-0574526

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRASSE, SUSAN L
1404 BLUE MOON LN
FRUITLAND PARK, FL 34731

**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 *Susan L. Prasse* PDTS *Susan L. Prasse* PDTS DATE *4-15-07*

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000725885
05/03/07-80039-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRASSE, SUSAN L
STREET ADDRESS	PO BOX 164
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	PDTS
NAME	PRASSE, SUSAN L
STREET ADDRESS	POB 164/1404 BLUE MOON LN
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	D
NAME	PRASSE, RANDON W
STREET ADDRESS	6686 S QUAIL CT
CITY-ST-ZIP	LITTLETON, CO 80127
TITLE	D
NAME	PRASSE, CAROL
STREET ADDRESS	6686 S QUAIL CT
CITY-ST-ZIP	LITTLETON, CO 80127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *Susan L. Prasse* PDTS *Susan L. Prasse* PDTS DATE *4-15-07* DAYTIME PHONE *352-409-3933*