

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005903

FILED
Mar 13, 2008
Secretary of State

Entity Name: GODS MERCY MISSION CENTER, INC.

Current Principal Place of Business:

13850 NW 26 AVE.
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13850 NW 26 AVE.
OPA-LOCKA, FL 33054

New Mailing Address:

FEI Number: 20-3164905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASOGWA, ANTHONY
6TH AVE.
MIAMI, FL 33168 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: PD () Delete
Name: ASOGWA, ANTHONY
Address: 13850 NW 26 AVE.
City-St-Zip: OPA-LOCKA, FL 33054

Title: D () Delete
Name: LALA, MUBO
Address: 13850 NW 26 AVE.
City-St-Zip: OPA-LOCKA, FL 33054

Title: D () Delete
Name: ANAM, OSADEBE
Address: 13850 NW 26 AVE.
City-St-Zip: OPA-LOCKA, FL 33054

Title: D () Delete
Name: OKOLI KING, KEVIN
Address: 13845 NW 6TH AVE.
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: IKEJIANI, AZU E
Address: 13850 NW 26 AVE.
City-St-Zip: OPA-LOCKA, FL 33054

Title: D () Delete
Name: EBEDE, PRINCE
Address: 13850 NW 26 AVE.
City-St-Zip: OPA-LOCKA, FL 33054

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: ASOGWA ANTHONY

PD

03/13/2008

Electronic Signature of Signing Officer or Director

Date