

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005903

FILED
Jan 12, 2012
Secretary of State

Entity Name: GODS MERCY MISSION CENTER, INC.

Current Principal Place of Business:

4391 NW 167TH STREET
MIAMI GARDENS, FL 33055

New Principal Place of Business:

Current Mailing Address:

PO BOX 680187
N MIAMI, FL 33168

New Mailing Address:

FEI Number: 20-3164905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ASOGWA, ANTHONY
13845 NW 6TH AVE
N MIAMI, FL 33168 US

Name and Address of New Registered Agent:

ASOGWA, ANTHONY
4391 NW 167TH STREET
MIAMI GARDENS, FL 33055 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: ANTHONY ASOGWA

01/12/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ASOGWA, ANTHONY
Address: 4391 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D
Name: LALA, MUBO
Address: 4391 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D
Name: ANAM, OSADEBE
Address: 4391 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D
Name: OKOLI KING, KAVIN
Address: 4391 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D
Name: IKEJIANI, AZU E
Address: 4391 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D
Name: KUMI-DIAKA, ASIEDUWA
Address: 4391 NW 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY SUNDAY ASOGWA

PD

01/12/2012

Electronic Signature of Signing Officer or Director

Date