2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N06000000448

Entity Name: HOUSE OF MERCY AND ENCOURAGEMENT FOUNDATION, INC.

Current Principal Place of Business:

3137 LAS OLAS DRIVE
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

3137 LAS OLAS DRIVE
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 68-0634894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTIMER, ALLEN L
3137 LAS OLAS DRIVE
DUNEDIN, FL 34698 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: D ( ) Delete
Name: MORTIMER, ALLEN
Address: 3137 LAS OLAS DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete
Name: MORTIMER, DOLORES
Address: 3137 LAS OLAS DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete
Name: FAW, ROBERT
Address: 1725 ANGLERS COURT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete
Name: SIGNORE, PHILIP
Address: 1623 EL TAIR TRL
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete
Name: CARLIN, MARY DEBORAH SND
Address: 1305 FRANKLIN STREET
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: MORTIMER, ALLEN
Address: 3137 LAS OLAS DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: P (X) Change ( ) Addition
Name: MORTIMER, DOLORES
Address: 3137 LAS OLAS DRIVE
City-St-Zip: DUNEDIN, FL 34698

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: ALLEN MORTIMER VP 01/16/2009

Electronic Signature of Signing Officer or Director — Date