2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/19/2007-90178-047-$61.25-$61.25

DOCUMENT # N06000001974

1. Entity Name
MERCY SEAT LIVING MINISTRIES INC

FILED
07 MAY 16 PM 2:42
SECRETARY OF STATE, TALLAHASSEE, FLORIDA

02082007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
4641 SW 19 ST HOLLYWOOD, FL 33023 US	4641 SW 19 ST HOLLYWOOD, FL 33023 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	601 N 68 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HOLLYWOOD FL
Zip / Country	Zip: 33024 / Country: US

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROLLE, BRUCE
4641 SW 19 ST
HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent

Name: ROLLE, BRUCE
Street Address (P.O. Box Number is Not Acceptable): 601 N 68 AVE
City: HOLLYWOOD FL Zip Code: 33024

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: ↓ Bruce Rolle
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLLE, BRUCE 4641 SW 19TH ST HOLLYWOOD, FL 33023	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLLE, BRUCE 601 N 68 AVE HOLLYWOOD FL 33024	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLLE, SOMONE 4641 SW 19 ST HOLLYWOOD, FL 33023	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLLE, SIMONE 601 N 68 AVE HOLLYWOOD FL 33024	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONCUR, PATRICK K 2450 SW 87 TERR MIRAMAR, FL 33025	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONCUR, PATRICK 731 NW 84 AVE PEMBROKE PINES FL 33024	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B. 5/24/07	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

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: ↓ Bruce Rolle 2-8-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #