2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2007 8:00 am **Secretary of State** DOCUMENT # N06000008191 01-22-2007 90086 011 ****61.25 1. Entity Name HEART OF MERCY MINISTRIES, INC. Principal Place of Business Mailing Address 4832 ABADAN 4832 ABADAN NORTH PORT, FL 34287 NORTH PORT, FL 34287 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 559264 20-Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEE, RICHARD V Street Address (P.O. Box Number is Not Acceptable) SYN TRUST CENTER 1001 THIRD AVE WEST STE 350 BRADENTON, FL 34205 City Zip Code 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** 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. D, P TITLE ☐ Delete TITLE ☐ Change Addition LOLLY TOPE NAME CHYIS JANSSON NAME 534 DIXIR HILL RD STREET ADDRESS STREET ADDRESS 4832 ABAPAN ST CITY-ST-ZIP NOTHH POFT FL, 3428 CITY-ST-ZIP 47460 ANAIGUI, 1921992 DIVP Sec ☐ Change ☐ Addition TITLE Delete TILE SARAH JANSSON NAME NAME 4832 ABADAN 5+ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ロックアント ☐ Delete TITLE F ☐ Change Addition NAME IMIRO IBINAD NAME STREET ADDRESS STREET ADDRESS 4832 ABADAN ST CITY-ST-ZIP CITY-ST-ZIP NOTTH POITY TITLE ☐ Delete TETLE ☐ Change ☐ Addition 229H MIL NAME NAME 12030 WAR Wick Cit STREET ADDRESS STREET ADDRESS PARISH, FL 34219 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change Addition KATHLERA HESS NAME NAME 12030 WAR WICK Cit STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARISH, EL 34219 CITY-ST-ZIP ☐ Delete TITLE TMF ☐ Change ☐ Addition GARY TOPP NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

534 DIXIE HILLED

SPENCER, INDIANA 47460

FILED