2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am

				···			Sec.	creta	ry of Sta	ate
DOCUMENT # N0600008191 1. Entity Name HEART OF MERCY MINISTRIES, INC.									00008 017 ****61	
Principal Place of Business 4832 ABADAN NORTH PORT, FL 34287			Mailing Address 4832 ABADAN NORTH PORT, FL 34287				4004646	2011	115 ABÇII ABIYI (BIYL ÇIYLE IBIYL	akani is rini
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252008 CH	ng-NP	CR2E037 (12/06)	•	
City & State			City & Sta			4. FEI Number Applied For 20-5592641 Applied For Not Applicable				
Zip		Country and Address of Current	Zip		Country		5. Certificate of Sta		□ \$8.75 A Fee Requir	
LEE, RICHARD V SYN TRUST CENTER 1001 THIRD AVE WEST STE 350 BRADENTON, FL 34205 8. The above named entity submits this statement for the purpose of changing its require obligations of registered agent.					30 © (Address (P.O. Box Number is Not Acceptable) OS CHAUNCEY AVE EAST BRADENTON FL Zip Code 3 12 0 8 or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE .	Signeture, typed	or printed name of registered agent								
	-	o prema name o regionare again	ало ше и аррисиона.	(NOTE: I	Registered Agent signs	ture required	when reinstating)		DATE	
	_	e is \$61.25 lay 1, 2008			paign Financing		\$5.00 May Be Added to Fees		lake check payable	
10.	_	e is \$61.25	9.	Election Camp	paign Financing		\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Flo	lake check payable	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JANSSON 4832 ABA	e is \$61.25 lay 1, 2008 OFFICERS AND DII	9. RECTORS	Election Camp	paign Financing ntribution.		\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Flor ES TO OFFICE	take check payable rida Department of	State IN 10 Addition
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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: Daniell Count