

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # N06000008191

1. Entity Name  
HEART OF MERCY MINISTRIES, INC.



FILED

08 OCT 24 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4832 ABADAN  
NORTH PORT, FL 34287

Mailing Address  
4832 ABADAN  
NORTH PORT, FL 34287



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
20-5592641

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, RICHARD V  
305 CHAUNCEY AVE EAST  
BRADENTON, FL 34208

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Amended AR is \$61.25

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 DP ☐ Delete  
NAME JANSSON, CHRIS  
STREET ADDRESS 4832 ABADAN ST  
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE ☐ Change ☐ Addition  
NAME 400137250454  
STREET ADDRESS 10/24/08--01025--003  
CITY-ST-ZIP \*\*61.25

TITLE D ☐ Delete  
NAME TOPE, GARY  
STREET ADDRESS 2947 SOUTH FLEMING ST  
CITY-ST-ZIP INDIANAPOLIS, IN 46241

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TOPE, LOLLY  
STREET ADDRESS 2947 SOUTH FLEMING ST  
CITY-ST-ZIP INDIANAPOLIS, IN 46241

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LEE, RICHARD  
STREET ADDRESS 305 CHAUNCEY AVE EAST  
CITY-ST-ZIP BRADENTON, FL 34208

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LEE, CHRISTINA  
STREET ADDRESS 305 CHAUNCEY AVE EAST  
CITY-ST-ZIP BRADENTON, FL 34208

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME TOPE, GARY  
STREET ADDRESS 534 DIXIE HILL RD  
CITY-ST-ZIP SPENCER, IN 47460

TITLE DVS ☐ Change ☒ Addition  
NAME SARAH JANSSON  
STREET ADDRESS 4832 ABADAN ST.  
CITY-ST-ZIP NORTH PORT, FL 34287

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:

Christina Lee, CHRISTINA LEE, DIRECTOR 10/17/08 941-750-8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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11. Addition/Changes to Officers and Directors

Title	DVT
Name	Daniel Caimi
Street Address	4832 Abadan St.
City-St-Zip	North Port, FL 34287

☐ Change ☒ Addition