


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90123 017 ****61.25

DOCUMENT # N07000005670 1. Entity Name MERCY FOR CHILDREN, INC.					
Principal Place of Business 2400 MOCKINGBIRD AVE ST CLOUD, FL 34771-9513			Mailing Address PO BOX 700844 ST CLOUD, FL 34770-0844		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RICHMOND, JULIA 2400 MOCKINGBIRD AVE ST CLOUD, FL 34771-9513				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P IPASU, REVEREND G 700 BROWN CHAPEL ROAD ST CLOUD, FL 34769	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHADLE, ELLEN 1743 LONGLEAF DRIVE ST CLOUD, FL 34769	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA CAMARA, ISABEL 1414 MYSTERY CREEK COURT ORLANDO, FL 328249513	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, LAURETTE 4743 AVON COURT ST CLOUD, FL 34769	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARROW, CHRIS PO BOX 700701 ST CLOUD, FL 34770	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSADO, MARGARITA 2223 KINGS CREST ROAD KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Julia A. Richmond</i> 4/28/08 407-957-5305 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> JULIA A. RICHMOND TREASURER					

40092560



04282008 Chg-NP CR2E037 (12/06)

ATTACHMENT

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MERCY FOR CHILDREN, INC.
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OFFICERS AND DIRECTORS ADDENDUM -PAGE 1 OF 3

ADDITIONAL INITIAL DIRECTORS AND/OR OFFICERS

Title	TREASURER
Name	JULIA RICHMOND
Street Address	2400 MOCKINGBIRD AVENUE
City-St-Zip	ST. CLOUD, FLORIDA 34771

Title	DIRECTOR
Name	JUDY LEONARD
Street Address	1303 LEONARD LANE
City-St-Zip	ST. CLOUD, FLORIDA 34771

Title	DIRECTOR
Name	DOROTHY SHOFFNER
Street Address	1374 E. LAKESHORE BLVD.
City-St-Zip	KISSIMMEE, FLORIDA 34744

CHANGES TO INITIAL DIRECTORS AND/OR OFFICERS

Title	SECRETARY
Name	NANETTE STAROZYTNKY
Street Address	2637 BALMORAL COURT
City-St-Zip	KISSIMMEE, FLORIDA 34744

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OFFICERS AND DIRECTORS ADDENDUM -PAGE 2 OF 3

DELETIONS TO INITIAL DIRECTORS AND/OR OFFICERS

Title	SECRETARY
Name	DR. LUIS SOCARRAS
Street Address	4105 ORANGE TREE COURT
City-St-Zip	ST. CLOUD, FLORIDA 34769

Title	DIRECTOR
Name	LORNA JOHNSTON
Street Address	830 CHRIS COURT
City-St-Zip	ST. CLOUD, FLORIDA 34769

Title	DIRECTOR
Name	DR. HEIDY PUIG
Street Address	1628 REGAL COVE COURT
City-St-Zip	KISSIMMEE, FLORIDA 34744

Title	DIRECTOR
Name	MARIE FISKE
Street Address	15 ILLINOIS AVENUE
City-St-Zip	ST. CLOUD, FLORIDA 34769

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OFFICERS AND DIRECTORS ADDENDUM -PAGE 3 OF 3

ADDITIONS TO INITIAL DIRECTORS AND/OR OFFICERS

Title DIRECTOR
Name FRANK D'APRILE
Street Address 3930 Hixon Ave.
City-St-Zip ST. CLOUD, FL 34772

Title DIRECTOR
Name DIANE PROVENZANO
Street Address 3524 LA SALLE AVE.
City-St-Zip ST. CLOUD, FL 34772

Title DIRECTOR
Name CARRIE SARGENT
Street Address 5261 COUNTRYSIDE COURT
City-St-Zip ST. CLOUD, FL 34771

Title DIRECTOR
Name MAEVE SEARLES
Street Address 230 MISSISSIPPI AVE.
City-St-Zip ST. CLOUD, FL 34769

Title DIRECTOR
Name JEAN WAGNER
Street Address 918 WHISLER COURT
City-St-Zip ST. CLOUD, FL 34769-3025

Title DIRECTOR
Name MARIE WAGNER
Street Address 918 WHISLER COURT
City-St-Zip ST. CLOUD, FL 34769-3025

Title DIRECTOR
Name ESTER WILLIAMS
Street Address 5082 CARSON ST.
City-St-Zip ST. CLOUD, FL 34771-7703