

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005670

FILED
Mar 27, 2009
Secretary of State

Entity Name: MERCY FOR CHILDREN, INC.

Current Principal Place of Business:

2400 MOCKINGBIRD AVE
ST CLOUD, FL 347719513

New Principal Place of Business:

Current Mailing Address:

PO BOX 700844
ST CLOUD, FL 347700844

New Mailing Address:

FEI Number: 26-0344214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHMOND, JULIA
2400 MOCKINGBIRD AVE
ST CLOUD, FL 347719513 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IPASU, REVEREND G
Address: 3855 S FLORIDA AVE
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: SHADLE, ELLEN
Address: 1743 LONGLEAF DRIVE
City-St-Zip: ST CLOUD, FL 34769

Title: D () Delete
Name: KELLY, LAURETTE
Address: 4743 AVON COURT
City-St-Zip: ST CLOUD, FL 34769

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PICKLE, SHANNIN
Address: 103 LAKE ARIETTA CT.
City-St-Zip: AUBURNDAL, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: RIESEN, KARINA A
Address: 2552 TAFT AVE.
City-St-Zip: ORLANDO, FL 32804

Title: D () Change (X) Addition
Name: ABILES, REGINA
Address: 105 SOUTHAMPTON DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Change (X) Addition
Name: LETANG, AMANDA
Address: 272 MILL SLOUGH RD
City-St-Zip: OVIEDO, FL 32766

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA RICHMOND

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03/27/2009

Electronic Signature of Signing Officer or Director

Date