

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90010 028 ****70.00

DOCUMENT # N07000005900

1. Entity Name

THE MERCY SEAT MINISTRY INC.



Principal Place of Business

1914 INDIAN SPRINGS DRIVE
JACKSONVILLE FL 32246

Mailing Address

1914 INDIAN SPRINGS DRIVE
JACKSONVILLE FL 32246



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

830-34-2266

Applied For

Not Applicable

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

SIMS, YVONNE
1914 INDIAN SPRINGS DRIVE
JACKSONVILLE FL 32246

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMS, YVONNE	
STREET ADDRESS	1914 INDIAN SPRINGS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SIMS, RAVONDA D	
STREET ADDRESS	1914 INDIAN SPRINGS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORRISEY, JANICE L	
STREET ADDRESS	1914 INDIAN SPRINGS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, LILLIE ANN	
STREET ADDRESS	1914 INDIAN SPRINGS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Yvonne Sims Yvonne Sims

07/15/08

904-221-5027