

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000711

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: MERCY BAPTIST CHURCH, INC.

## Current Principal Place of Business:

1129 4TH STREET NW  
JASPER, FL 32052

## New Principal Place of Business:

1102 NW HWY 41  
SUITE A  
JASPER, FL 32052

## Current Mailing Address:

8229 25TH DRIVE  
WELLBORN, FL 32094

## New Mailing Address:

PO BOX 168  
JASPER, FL 32052

FEI Number: 26-1813749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HALL, KRISANNE ESQ  
8229 25TH DRIVE  
WELLBORN, FL 32094 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: PD ( ) Delete  
Name: HALL, JAMES C  
Address: 8229 25TH DRIVE NW  
City-St-Zip: WELLBORN, FL 32094

Title: DD ( ) Delete  
Name: HALL, KRISANNE  
Address: 8229 25TH DRIVE NW  
City-St-Zip: WELLBORN, FL 32094

Title: D ( ) Delete  
Name: RUCKER, ROBERT M  
Address: 1781 SE OCTOBER ROAD  
City-St-Zip: LAKE CITY, FL 32025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DD (X) Change ( ) Addition  
Name: COLWELL, KEITH  
Address: 272 SW ASPEN GLEN  
City-St-Zip: LAKE CITY, FL 32024

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

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: KRISANNE HALL

RA

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date