

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010901

FILED
Aug 31, 2009
Secretary of State

Entity Name: THE COMMUNITY MERCY CENTER, INC.

Current Principal Place of Business:

1571 EAST DUVAL ST
LAKE CITY, FL 32055

New Principal Place of Business:

344 SE BAYA DR
LAKE CITY, FL 32025

Current Mailing Address:

1571 EAST DUVAL ST
LAKE CITY, FL 32055

New Mailing Address:

344 SE BAYA DR
LAKE CITY, FL 32025

FEI Number: 30-0518342 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TAYLOR, SAMUEL
275 SE ROSEWOOD CR
LAKE CITY, FL 32035 US

Name and Address of New Registered Agent:

MABILE, PAUL MR.
1120 SW HOPE HENRY ST.
LAKE CITY, FL 32024 US

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: PAUL MABILE

08/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, SAMUEL
Address: 275 SE ROSEWOOD CR
City-St-Zip: LAKE CITY, FL 32025

Title: VP () Delete
Name: LLOYD, MYRHE
Address: 3227 E HWY 90
City-St-Zip: LAKE CITY, FL 32055

Title: S (X) Delete
Name: MILLER, GEORGE
Address: 7820 SW COUNTY RD 242
City-St-Zip: LAKE CITY, FL 32024

Title: T (X) Delete
Name: MEARS, MARIE D
Address: 3661 NW HUNTSBORO ST
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: MABILE, PAUL
Address: 1120 SW HOPE HENRY ST.
City-St-Zip: LAKE CITY, FL 32024

Title: DIR (X) Change () Addition
Name: PETERSON, LLOYD
Address: 905 SW BAYA DR.
City-St-Zip: LAKE CITY, FL 32055

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

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: PAUL MABILE

DIR

08/31/2009

Electronic Signature of Signing Officer or Director

Date