

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006646

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** MERCY COMMUNITY DEVELOPMENT CORPORATION, INC

**Current Principal Place of Business:**

7471 NW 37 CT  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

7471 NW 37 CT  
LAUDERHILL, FL 33319

**New Mailing Address:**

**FEI Number:** 27-0505740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELIAMAIN, JOHNSON  
7471 NW 37 CT  
LAUDERHILL, FL 33319 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  
Name: JOHNSON, ELIAMAIN  
Address: 7471 NW 37 CT  
City-St-Zip: LAUDERHILL, FL 33319

Title: VP  
Name: ENOCK, JOHNSON  
Address: SNOWHILL  
City-St-Zip: SALISBURY, MD 21801

Title: SEC  
Name: MARIE-LOURDE, FRANCOIS  
Address: SNOWHILL  
City-St-Zip: SALISBURY, MD 21801

Title: N  
Name: MARIE YSANIE, JEAN  
Address: BOIS D'ORME  
City-St-Zip: CALLETTE CHAUFFE, H 0000000

Title: T  
Name: KATIA, GENEUS  
Address: BOIS D'ORME #7  
City-St-Zip: THIOTTE, H 99999

Title: SP  
Name: ISLANE JEAN-BATARD  
Address: BOIS D'ORME  
City-St-Zip: CALETTE C, H 00019

I hereby 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 all other like empowered.

SIGNATURE: ELIAMAIN JOHNSON

P

04/30/2012

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

\_\_\_\_\_  
Date