

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010099

FILED  
Mar 10, 2010  
Secretary of State

Entity Name: MERCY UGANDA, INC.

**Current Principal Place of Business:**

2350 FRANKFORD AVENUE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

2350 FRANKFORD AVENUE  
PANAMA CITY, FL 32405

**New Mailing Address:**

FEI Number: 27-1172567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KNETZER, LAURA W  
805 WEST 2ND STREET  
LYNN HAVEN, FL 32444 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: VC  
Name: HAYES, ROBERT  
Address: 1401 CALHOUN AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: C  
Name: KNETZER, LAURA  
Address: 805 WEST 2ND STREET  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T  
Name: GRAY, BARBARA  
Address: 210 EAST BALDWIN ROAD UNIT G  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM  
Name: JINKS, RUSSEL  
Address: 108 FOX RIDGE ROAD  
City-St-Zip: PANAMA CITY, FL 32405

Title: S  
Name: KEN, GRAY  
Address: 210 EAST BALDWIN ROAD UNIT G  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM  
Name: KNETZER, MARK  
Address: 805 WEST 2ND STREET  
City-St-Zip: LYNN HAVEN, FL 32444

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: BARBARA K. GRAY

T

03/10/2010

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

\_\_\_\_\_  
Date