SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90022 016 ****70.00

DOCUMENT # N93000000783

1. Corporation Name

UNITED MERCY FOUNDATION CORPORATION

Principal Place of Business	Mailing Address
902 CLOYD DAIRY LOOP ORLANDO FL 32825	P.O. BOX 667 ROSEBURG OR 97470

2. Principal Place of Business [21]	2a. Mailing Address [26]	3. Date Incorporated or Qualifed 03/15/1993	
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	4. FEI Number 59-3172634	Applied For / Not Applicable
City & State [23]	City & State [28]	5. Certifcate of Status Desired ☒	$8.75 Additional Fee Required
Zip [24] / Country [25]	Zip [29] / Country [30]	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIVAR, YILDIRIM M 902 CLOYD DAIRY LOOP ORLANDO FL 32825	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City / FL / 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD ☐ DELETE NAME HASE, SHAIKHA ALI STREET ADDRESS 1730 N.W. VALLEY VIEW DRIVE CITY-ST-ZIP ROSEBURG OR 97470		1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD ☐ DELETE NAME GUNGOREN, HAKKI STREET ADDRESS 1730 N.W. VALLEY VIEW DRIVE CITY-ST-ZIP ROSEBURG OR 97470		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S ☐ DELETE NAME SIVAR, YILDIRIM STREET ADDRESS 902 CLOYD DAIRY LOOP CITY-ST-ZIP ORLANDO FL 32825		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD ☐ DELETE NAME SYKES, MARY J STREET ADDRESS 1730 N.W. VALLEY VIEW DRIVE CITY-ST-ZIP ROSEBURG OR 97470		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D ☐ DELETE NAME ONCU, EYUP STREET ADDRESS RUMELI HISARI BALTA LIMANI CAPA CITY-ST-ZIP YAZI D2 INSTANBUL, TURKEY		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary J. Sykes, Director* MARY J SYKES   8-03-99   (541)673-3445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (5/99)