

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005025

FILED
Apr 05, 2005
Secretary of State

Entity Name: MEDICAL MISSION OF MERCY, INC.

Current Principal Place of Business:

5347 MAIN ST
SUITE 203
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5347 MAIN ST
SUITE 203
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3209628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AREVALO - ARAUJO, ROBERTO
5347 MAIN STREET
SUITE 203
NEW PORT RICHEY, FL 34652 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: AREVALO - ARAUJO, ROBERTO
Address: 5540 CLIPPER COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DST () Delete
Name: HAFTEL, HAROLD
Address: 90 S. HIGHLAND AVE., APT 415
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD () Delete
Name: ROEVER, FREDERICK
Address: 42674 US HWY. 19
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DST () Delete
Name: AREVALO, DOREEN
Address: 5540 CLIPPER COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: DOREEN AREVALO

DST

04/05/2005

Electronic Signature of Signing Officer or Director

Date