FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002897 (6)

1. Corporation Name
MOTHER OF DIVINE MERCY HOUSE OF LOVE, INC.

Principal Place of Business	Mailing Address
2660 SW 22 AVE. 1209 DELRAY BEACH FL 33445	2660 SW 22 AVE. 1209 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1994
3a. Date of Last Report: 10/3/94
4. FEI Number: 65-0494875 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

RIELLY, BARBARA
2660 SW 22 AVE, 1209
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	RIELLY, BARBARA	1.2 NAME	
STREET ADDRESS	2660 SW 22 AVE, 1209	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	ROTONNO, JIMMY F	2.2 NAME	
STREET ADDRESS	21910 CRICKLEWOOD TER	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	RAY, ROBERT	3.2 NAME	
STREET ADDRESS	7696 COURTYARD RUN W	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	DT ☑ Change ☑ Addition
NAME	DEVLIN, THOMAS A	4.2 NAME	GHENN ROBERT
STREET ADDRESS	2949 NE 36 ST	4.3 STREET ADDRESS	950 EGRET CIR.
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RALPH, DONALD	5.2 NAME	
STREET ADDRESS	112 SE 10 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROCHON, DON	6.2 NAME	
STREET ADDRESS	9730 N MILITARY TRL	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0960448