

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005374 (3)

1. Corporation Name

HANDS OF MERCY, INC.



Principal Place of Business

3000 NORTH ATLANTIC AVENUE
SUITE 102
COCOA BEACH FL 32931

Mailing Address

3000 NORTH ATLANTIC AVENUE
SUITE 102
COCOA BEACH FL 32931

3. Date Incorporated or Qualified
10/28/1994

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number
APPLIED FOR 59-3313719

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEST, SHIRLEY
3000 NORTH ATLANTIC AVENUE
SUITE 102
COCOA BEACH FL 32931

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

Shirley M. Best
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LEHTON, ROBERT E
STREET ADDRESS 1240 S. ORLANDO AVENUE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D ☐ DELETE
NAME SMITH, NICK
STREET ADDRESS 514 BAY CIRCLE
CITY-ST-ZIP INDIAN HARBOR FL 32937

TITLE D ☐ DELETE
NAME BEST, SHIRLEY
STREET ADDRESS 2566 PACER LANE
CITY-ST-ZIP COCOA FL 32926

TITLE D ☒ DELETE
NAME MARSHALL, SHEILA M
STREET ADDRESS 3645 BARNA AVENUE, #326F
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Debbie Bosarge
4.3 STREET ADDRESS 1425 Anchor Lane
4.4 CITY-ST-ZIP Merritt Island, FL 32952

5.1 TITLE 700001872847
5.2 NAME -06/24/96--01027--014
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Lehton, President

Date

Daytime Phone #

4-28-96 (407) 783-2290

CR2E037 (12/95)