

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32931-5045
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3. Date Incorporated or Qualified 10/28/1994	3a. Date of Last Report 06/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

4. FEI Number 59-3313719	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BEST, SHIRLEY 3000 NORTH ATLANTIC AVENUE SUITE 102 COCOA BEACH FL 32931	
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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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D LEHTON, ROBERT E
STREET ADDRESS	1240 S. ORLANDO AVENUE
CITY-ST-ZIP	COCOA BEACH FL 32931 President
TITLE	<input type="checkbox"/> DELETE
NAME	D SMITH, NICK
STREET ADDRESS	514 BAY CIRCLE
CITY-ST-ZIP	INDIAN HARBOR FL 32937 Vice President
TITLE	<input type="checkbox"/> DELETE
NAME	D BEST, SHIRLEY
STREET ADDRESS	2566 PACER LANE
CITY-ST-ZIP	COCOA FL 32926
TITLE	<input type="checkbox"/> DELETE
NAME	D BOSARGEL, DEBBIE
STREET ADDRESS	1425 ANCHOR LANE
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	<input type="checkbox"/> DELETE
NAME	D Clayton, Jan
STREET ADDRESS	160 Macaw Lane
CITY-ST-ZIP	Merritt Island, FL 32952 Secretary
TITLE	<input type="checkbox"/> DELETE
NAME	D Houser, Charlotte
STREET ADDRESS	1005 Carrigan Blvd.
CITY-ST-ZIP	Merritt Island, FL 32952 Treasurer

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **5-1-97** **407-784-5367**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019292

CR2E037 (9/96)