
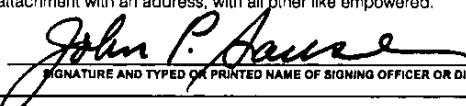


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003244		
1. Entity Name DISCIPLES OF MERCY FOUNDATION, INC.		
Principal Place of Business 300 SW 34 TERRACE DEERFIELD BEACH, FL 33442 US		Mailing Address 300 SW 34 TERRACE DEERFIELD BEACH, FL 33442 US
DO NOT WRITE IN THIS SPACE		
		01072007 No Chg-NP CR2E037 (4/06)
4. FEI Number 65-0601254		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SAUSE, JOHN 300 SW 34 TERRACE DEERFIELD BEACH, FL 33442		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000583535 01/11/07-80075-015 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRIAN, YOUNBLOOD 1342 S W 44 TERRACE DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASALE, GLORIA 2880 CARDINAL DRIVE COOPER CITY, FL 33026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGBLOOD, GILDA 1342 SW 44 TERRACE DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAUSE, JOHN 300 SW 34 TERRACE DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUDINAS, JOHN 701 BROOKEDGE AVE PORT ST. LUCIE, FL 33983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DYKO, NORM 5431 NW 61ST PLACE TAMARAC, FL 33319	
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		John P. Sause
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/8/2007
		954-428-6522
		Daytime Phone #