

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003244

FILED
Jan 10, 2009
Secretary of State

Entity Name: DISCIPLES OF MERCY FOUNDATION, INC.

Current Principal Place of Business:

300 SW 34 TERRACE
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

300 SW 34 TERRACE
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 65-0601254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUSE, JOHN
300 SW 34 TERRACE
DEERFIELD BEACH, FL 33442 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: CD () Delete
Name: YOUNGBLOOD, BRIAN
Address: 1342 S W 44 TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD () Delete
Name: CASALE, GLORIA
Address: 2880 CARDINAL DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: P () Delete
Name: YOUNGBLOOD, GILDA
Address: 1342 SW 44 TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T () Delete
Name: SAUSE, JOHN
Address: 300 SW 34 TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: GUIDINAS, JOHN
Address: 701 BROOKEDGE AVE
City-St-Zip: PORT ST. LUCIE, FL 33983

Title: VP () Delete
Name: DYKO, NORM
Address: 5431 NW 61ST PLACE
City-St-Zip: TAMARAC, FL 33319

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:

Title: D (X) Change () Addition
Name: TOME, ROBERT
Address: 508 E. RIVERIA STREET
City-St-Zip: AVON PARK, FL 33825

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN P. SAUSE

T

01/10/2009

Electronic Signature of Signing Officer or Director

Date