

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90012 002 ****61.25

DOCUMENT # N95000004743

1. Entity Name

**ARMS OF MERCY DRUG FREE RECOVERING MINISTRY
INC.**



Principal Place of Business

**1453 WEST 22ND STREET
JACKSONVILLE FL 32209**

Mailing Address

**1453 WEST 22ND STREET
JACKSONVILLE FL 32209**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3338717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, ANTHONY
1453 WEST 22ND STREET
JACKSONVILLE FL 32209**

7. Name and Address of New Registered Agent

Name

Quovadis G. Thomas

Street Address (P.O. Box Number is Not Acceptable)

1453 West 22nd Street

City

JACKSONVILLE

FL

Zip Code

32209

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

Quovadis G. Thomas

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

(NOTE: Registered Agent signature required when reinstating)

5/12/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P THOMAS, QUOVADIS G
1801 KEY BISCAYNE
JACKSONVILLE FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V LE COUNT, ROBERT
5729 VERNON ROAD
JACKSONVILLE FL 32209** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D HAMMETT, NOAH
1453 W. 22ND STREET
JACKSONVILLE FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D WALKER, BESSIE
1453 W 22ND STREET
JACKSONVILLE FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JACKSON, KAREN
1453 W 22ND STREET
JACKSONVILLE FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP THOMAS, SHARON
1453 W 22ND STREET
JACKSONVILLE FL 32209** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Quovadis G. Thomas

5/12/04 (904) 354-2951

Date

Daytime Phone #