

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

FILED
Apr 20, 2007 08:00 A
Secretary of State

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**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, QUOVADIS G
1453 W 22ND ST.
JACKSONVILLE, FL 32209**

**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

Dr. Quovadis G. Thomas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/07

**Filing Fee is \$61.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME THOMAS, QUOVADIS G REV. DR
STREET ADDRESS 1801 KEY BISCAYNE
CITY-ST-ZIP JACKSONVILLE, FL 32218

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000720526
05/01/07-80106-021 61.25

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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:

Dr. Quovadis G. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/07

Daytime Phone #