

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**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**



01072008 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

**8. 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

*Quovadis G Thomas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/24/08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 BISCAVNE  
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

**DO NOT WRITE  
IN THIS SPACE**

000000927320  
05/20/08-80101-021 61.25

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:**

*Quovadis G Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/24/08*

Daytime Phone #