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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006520

1. Corporation Name

MERCY MEDICAL MISSION INTERNATIONAL, INC.

Principal Place of Business

54 SCHOONER DRIVE
PALM HARBOR FL 34683

Mailing Address

54 SCHOONER DRIVE
PALM HARBOR FL 34683



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/12/1998

4. FEI Number

#59-3541-019

Applied For

Not Applicable

5. Certificate of Status Desired



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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAWKINSON, DON
54 SCHOONER DRIVE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCOTT, W BRADFORD
STREET ADDRESS 327 BONNIE BRAE
CITY-ST-ZIP HINSDALE IL 60521

☐ DELETE

TITLE D
NAME CHAPLIN, THOMAS
STREET ADDRESS 4906 HAVENHILL DRIVE
CITY-ST-ZIP XIOUX FALLS SD 57110

☐ DELETE

TITLE D
NAME GENZ, JOHN
STREET ADDRESS 10254 S STATE HWY 83
CITY-ST-ZIP FRANKTOWN CO 80116

☐ DELETE

TITLE D
NAME GRUENBERG, WESLEY
STREET ADDRESS 6167 TYMBURY DRIVE
CITY-ST-ZIP LISLE IL 60532

☐ DELETE

TITLE D
NAME HODSON, RICHARD
STREET ADDRESS 10330 MCLEAN AVE
CITY-ST-ZIP MELROSE IL 60164

☐ DELETE

TITLE PD
NAME HAWKINSON, DON
STREET ADDRESS 54 SCHOONER DRIVE
CITY-ST-ZIP PALM HARBOR FL 34683

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)