

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006520
 1. Entity Name
MERCY MEDICAL MISSION INTERNATIONAL, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State
 04-23-2000 90056 009 ****61.25

Principal Place of Business Mailing Address
 54 SCHOONER DRIVE 54 SCHOONER DRIVE
 PALM HARBOR FL 34683 PALM HARBOR FL 34683-3447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3541019** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAWKINSON, DON
54 SCHOONER DRIVE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, W BRADFORD 327 BONNIE BRAE HINSDALE IL 60521 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIN, THOMAS 4906 HAVENHILL DRIVE SIOUX FALLS SD 57110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENZ, JOHN 10254 S STATE HWY 83 FRANKTOWN CO 80116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUENBERG, WESLEY 6167 TYMBURY DRIVE LISLE IL 60532 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODSON, RICHARD 10330 MCLEAN AVE MELROSE IL 60164 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKINSON, DON 54 SCHOONER DRIVE PALM HARBOR FL 34683 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYES, Peter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9438 SILHOUETTE LANE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Swedberg, PAUL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 WATER OAK WAY OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott, Michelle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 327 BONNIE BRAE HINSDALE, IL 60521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Genz, Beth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10254 S. STATE HWY. 83 FRANKTOWN, CO. 80118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAWKINSON, RUTH <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GoLinda Jenkins CPA P.O. Box 7625 Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKINSON, DON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GoLinda Jenkins CPA P.O. Box 7625 Clearwater, FL 33756

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: *Don Hawkinson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/17/00** Daytime Phone #: **727 449-9311**
360 939-0444

CR2E037 (9/99)