

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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90544 049 \*\*\*\*70.00

DOCUMENT # N99000001169

1. Entity Name

SOUTHLAKE'S ANGELS OF MERCY, INC.



Principal Place of Business

1330 MILLHOLLAND ST.  
CLERMONT FL 34711

Mailing Address

*South Lake Angels of Mercy*  
~~1147 HAMPTON STREET~~  
~~CLERMONT FL 34711~~  
*1330 Millholland St.*  
*CLERMONT, FL 34711*

14007952



2. Principal Place of Business

3. Mailing Address

*South Lake Angels of Mercy, Inc*  
*1330 Millholland*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOORE

CR2E037 (11/03)

City & State

City & State

*CLERMONT, FL*

4. FEI Number

59-3574623

Applied For

Not Applicable

Zip

Country

Zip

Country

*34711*

*Lake*

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, JOY

~~1147 HAMPTON STREET~~ *1330 Millholland St.*  
CLERMONT FL 34711

Name

*Martha Clark*

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

*4144 Kingsley Street*

City

*CLERMONT*

FL

Zip Code

*34711*

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

*Martha Clark*

*4-22-04*

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

(NOTE: Registered Agent signature required when reinstating)

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 PFD  
NAME COOPER, JOY PFD ☐ Delete  
STREET ADDRESS 1147 HAMPTON ST  
CITY-ST-ZIP CLERMONT FL 34711

TITLE SD  
NAME HOPWELL, CHRISTINE ☐ Delete  
STREET ADDRESS 113812 VIA ROMA CIR  
CITY-ST-ZIP CLERMONT FL 34711

TITLE TD ☒ Delete  
NAME WESTON, JOHN H  
STREET ADDRESS 204A RIGECREST LOOP  
CITY-ST-ZIP CLERMONT FL 34711

TITLE VPD  
NAME MCCRACKER, CAROLYN J ☐ Delete  
STREET ADDRESS 12500 LAKE RIDGE CIRCLE  
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition  
NAME Martha Clark D  
STREET ADDRESS 4144 Kingsley St.  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE Vice-President ☒ Change ☐ Addition  
NAME Christine Hopewell  
STREET ADDRESS 113812 Via Roma Circle  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☒ Change ☐ Addition  
NAME Carolyn S. McCracken  
STREET ADDRESS 12500 Lake Ridge Circle  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE Secretary T ☒ Change ☐ Addition  
NAME Carolyn Macmillian  
STREET ADDRESS 404 Virginia St.  
CITY-ST-ZIP Minneola, FL 34755

TITLE Co-Founder T ☒ Change ☐ Addition  
NAME Joy Cooper  
STREET ADDRESS 1330 Millholland St.  
CITY-ST-ZIP CLERMONT, FL 34711

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

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:

*Martha Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-22-04 352-342-4094*

Date Daytime Phone #