


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**


04-29-2005 90270 034 \*\*\*\*70.00

<b>DOCUMENT # N99000001169</b>	
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, INC. 1330 MILLHOLLAND CLERMONT, FL 34711
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**14010316**



04212005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3574623	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CLARK, MARTHA 4144 KINGLEYS ST. CLERMONT, FL 34711	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, MARTHA D 4144 KINGSLEY ST CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPEWELL, CHRISITINE 113812 VIA ROMA CIR. CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOPEWELL, CHRISITINE 113812 VIA ROMA CIR. CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, MARTHA 4144 KINGSLEY ST. CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-COFT MCCRACKEN, CAROLYN J 12500 LAKE RIDGE CIR. CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOBDEY, Rebecca 10423 Carlson Circle Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACMILLIAN, CAROLYN 404 VIRGINIA ST. MINNEOLA, FL 34755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOBDEY, Rebecca 10423 Carlson Circle Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COFT COOPER, JOY 1330 MILLHOLLAND ST. CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOBDEY, Rebecca 10423 Carlson Circle Clermont FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUBLICITY MACMILLIAN, CAROLYN 404 VIRGINIA ST. MINNEOLA, FL 34755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUBLICITY MACMILLIAN, CAROLYN 404 VIRGINIA ST. MINNEOLA, FL 34755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 Martha Clark April 23, 2005 352-394-4094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REPORT OF SOUTH LAKE ANGELS OF MERCY, INC.  
Continued - ATTACHMENT 140103/6  
#N99000001169

## BOARD OF DIRECTORS

Judy D. Edwards D  
2062 Dobson St. 34711  
Clermont, FL. 34711

Michael Hopewell D  
142812 VIA ROMA CIR.  
CLERMONT, FL. 34711

William T. Siino D  
4018 NEWLAND ST.  
CLERMONT, FL. 34711

## TRUSTEE

Vivian Van Cleet  
12038 CYPRESS LANDING  
CLERMONT, FL. 34711

Martha Clark, 4-23-05