


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90141 032 \*\*\*\*70.00

<b>DOCUMENT # N99000001169</b>		
1. Entity Name <b>SOUTHLAKE'S ANGELS OF MERCY, INC.</b>		

Principal Place of Business <b>1330 MILLHOLLAND ST. CLERMONT FL 34711</b>	Mailing Address <b>SOUTH LAKE ANGELS OF MERCY, INC. 1330 MILLHOLLAND CLERMONT FL 34711</b>
--	---



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

1st MOORE CR2E037 (10/05)

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

6. Name and Address of Current Registered Agent <b>CLARK, MARTHA 4144 KINGLEYS ST. CLERMONT FL 34711</b>		7. Name and Address of New Registered Agent Name <b>Rebecca Hobdey</b> Street Address (P.O. Box Number is Not Acceptable) <b>10423 Carlson Circle</b> City <b>Clermont</b> FL Zip Code <b>34711</b>	
---	--	--	--

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 Rebecca Ann Hobdey - Rebecca Ann Hobdey DATE 3-29-06  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOPEWELL, CHRISITINE</b> <b>113812 VIA ROMA CIR</b> <b>CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CLARK, MARTHA</b> <b>4144 KINGSLEY ST</b> <b>CLERMONT FL 34711</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Hobdey, Rebecca</b> <b>10423 Carlson Circle</b> <b>Clermont, FL 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCCRACKEN, CAROLYN J</b> <b>12500 LAKE RIDGE CIR.</b> <b>CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HOBDEY, REBECCA</b> <b>10423 CARLSON CIRCLE</b> <b>CLERMONT FL 34711</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Freddina Rivera</b> <b>15711 Green Cove Blvd</b> <b>Clermont FL 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COFT</b> <b>COOPER, JOY</b> <b>1330 MILLHOLLAND ST.</b> <b>CLERMONT FL 34711</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CoFounder</b> <b>Carolyn McCracken</b> <b>12500 Lake Ridge Circle</b> <b>Clermont FL 34711</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLINO, WILLIAM T</b> <b>4018 NEWLAND ST.</b> <b>CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carolyn McCracken, Carolyn McCracken 3-29-06 352-242-1890