

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90102 002 ****61.25

DOCUMENT # N99000001169 1. Entity Name ANGELS OF MERCY, INC.					
Principal Place of Business 1330 MILLHOLLAND ST. CLERMONT FL 34711			Mailing Address SOUTHLAKE ANGELS OF MERCY, INC. 1330 MILLHOLLAND CLERMONT FL 34711		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		1st MOORE CR2E037 (10/06)	
Zip Country		Zip Country		4. FEI Number 59-3574623 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HOBDEY, REBECCA 10423 CARLSON CIR CLERMONT FL 34711	
7. Name and Address of New Registered Agent Name Carolyn J. McCracken Street Address (P.O. Box Number is Not Acceptable) 12500 Lake Ridge Circle 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 Carolyn J. McCracken DATE 4-24-07 Signature typed or printed must be of registered agent and filed if applicable. (NOTE: Registered Agent signature required when not standing.)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPEWELL, CHRISITINE 113812 VIA ROMA CIR CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOBDEY, REBECCA 10423 CARLSON CIR CLERMONT FL 34711	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-president Martha Clark 4144 Kingsley St. Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCRACKEN, CAROLYN J 12500 LAKE RIDGE CIR. CLERMONT FL 34711	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael Hopewell 113812 Via Roma Circle Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, FRADDINA 15711 GREEN COVE BLVD CLERMONT FL 34711	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carolyn J. McCracken 12500 Lake Ridge Circle Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COF MCCRACKEN, CAROLYN 12500 LK RIDGE CIR CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SINO, WILLIAM T 1810 NEWLAND ST. CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cecil B. Schrader 2440 Hythe Lane Clermont, FL 34711	
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 J. McCracken Carolyn J. McCracken DATE 4-24-07 352-242-1890 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					