2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N99000001169

Entity Name: ANGELS OF MERCY, INC.

Current Principal Place of Business:

1330 MILLHOLLAND ST.
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

SOUTH LAKE ANGELS OF MERCY, INC.
1330 MILLHOLLAND
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3574623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCRACKER, CAROLYN J
12500 LAKE RIDGE CIR.5
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HOPEWELL, CHRSITINE	
Address:	113812 VIA ROMA CIR	
City-St-Zip:	CLERMONT, FL 34711	
Title:	VP	( ) Delete
Name:	CLARK, MARTHA	
Address:	4144 KINGSLEY ST.	
City-St-Zip:	CLERMONT, FL 34711	
Title:	T	( ) Delete
Name:	HOPEWELL, MICHAEL	
Address:	13812 BIA ROMA CIR.	
City-St-Zip:	CLERMONT, FL 34711	
Title:	S	(X) Delete
Name:	MCCRACKEN, CAROLYN J	
Address:	12500 LAKE RIDGE CIR.	
City-St-Zip:	CLERMONT, FL 34711	
Title:	COF	(X) Delete
Name:	MCCRACKEN, CAROLYN	
Address:	12500 LK RIDGE CIR	
City-St-Zip:	CLERMONT, FL 34711	
Title:	D	(X) Delete
Name:	SCHRADER, CECIL H	
Address:	2440 HYTHE LN.	
City-St-Zip:	CLERMONT, FL 34711	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	MCCRAKEN, CAROLYN	
Address:	12500 LAKE RIDGE CIR.	
City-St-Zip:	CLERMONT, FL 34711	
Title:	T	(X) Change ( ) Addition
Name:	HOPEWELL, MICHAEL	
Address:	13812 VIA ROMA CIR.	
City-St-Zip:	CLERMONT, FL 34711	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HOPEWELL T 04/29/2008

Electronic Signature of Signing Officer or Director — Date