2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N99000003243 May 19, 2000 8:00 am Secretary of State DIVINE MERCY MISSION INCH 1. Entity Name MERCY MISSION, INC. 05-01-2000 90313 044 \*\*\*\*61.25 Principal Place of Business Mailing Address 3440 TRAIL DAIRY CIRCLE 3440 TRAIL DAIRY CIRCLE N. FT. MYERS FL 33903 N. FT. MYERS FL 33917-7134 2. Principal Place of Business . 3. Mailing Address 3440TRAIL 3440 TRAIL DAIR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State FY MYERS 65-0916065 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired  $\Box$ U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOHERTY, ANNE 3440 TRAIL DAIRY CIRCLE N. FT. MYERS FL 33903 City Zip Code ۴L 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. 4-21-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to .... FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 Change Addition DΡ ☐ Delete TITLE TITLE NAME DOHERTY, ANNE NAME STREET ADDRESS STREET ADDRESS 3440 TRAIL DAIRY CIRCLE CITY-ST-ZIP CITY-ST-ZIP N. FT. MYERS FL 33903 ☐ Delete TITLE ☐ Change ☐ Addition TITLE RIZZARDI: JOANNE NAME NAME 3440 TRAIL DAIRY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. FT. MYERS FL 33903 [] Change ☐ Addition TITLE ☐ Oalete TITLE HENDRIX, GERTRAUDE NAME NAME STREET ADDRESS 3440 TRAIL DAIRY CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. FT. MYERS FL 33903 GERALDINE CREEN Addition Delete TITLE TITLE NAME DANIEL, JEANETTE NAME 12031 N.W. HARR STREET ADDRESS 3440 TRAIL DAIRY CIRCLE STREET ADDRESS CITY-ST-ZIP BOKKELIA CITY-ST-ZIP N. FT. MYERS FL 33903 Change ☐ Addition TITLE n Defete 🔲 TITLE BALINT, PAT NAME NAME STREET ADDRESS STREET ADDRESS 3440 TRAIL DAIRY CIRCLE CITY-ST-ZIP CITY-ST-ZIP N. FT. MYERS FL 33903 Change Addition TITLE Delete CHAPMAN, JOAN NAME NAME STREET ADDRESS STREET ADDRESS | 3440 Trail Dairy Circle CITY-ST-7IP CITY-ST-ZIP N. FT. MYERS FL 33903 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 eath; 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: 1