

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90260 016 \*\*\*\*61.25

DOCUMENT # N99000003243

1. Entity Name

MERCY MISSION, INC. DIVINE MERCY MISSION

Principal Place of Business

3440 TRAIL DAIRY CIRCLE  
FORT MYERS FL 33917

Mailing Address

3440 TRAIL DAIRY CIRCLE  
FORT MYERS FL 33917

2. Principal Place of Business

3440 TRAIL DAIRY Cir

3. Mailing Address

3440 TRAIL DAIRY Cir

Suite, Apt. #, etc.

N. A. MYERS

Suite, Apt. #, etc.

N. Ft. MYERS

City & State

FL

City & State

FL

4. FEI Number

65-0916065

Applied For

Not Applicable

Zip

33917

Country

U.S.A.

Zip

33917

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOHERTY, ANNE  
3440 TRAIL DAIRY CIRCLE  
N. FT. MYERS FL 33903

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-01

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME DOHERTY, ANNE  
STREET ADDRESS 3440 TRAIL DAIRY CIRCLE  
CITY-ST-ZIP N. FT. MYERS FL 33903

TITLE DS ☐ Delete  
NAME RIZZARDI, JOANNE  
STREET ADDRESS 3440 TRAIL DAIRY CIRCLE  
CITY-ST-ZIP N. FT. MYERS FL 33903

TITLE DS ☒ Delete  
NAME HENDRIX, GERTRAUDE  
STREET ADDRESS 3440 TRAIL DAIRY CIRCLE  
CITY-ST-ZIP N. FT. MYERS FL 33903

TITLE DT ☐ Delete  
NAME GREEN, GERALDINE  
STREET ADDRESS 12031 NW HARRY ST  
CITY-ST-ZIP BOKEELIA FL 33922

TITLE D ☒ Delete  
NAME BALINT, PAT  
STREET ADDRESS 3440 TRAIL DAIRY CIRCLE  
CITY-ST-ZIP N. FT. MYERS FL 33903

TITLE D ☒ Delete  
NAME CHAPMAN, JOAN  
STREET ADDRESS 3440 TRAIL DAIRY CIRCLE  
CITY-ST-ZIP N. FT. MYERS FL 33903

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME SARAH SANTIAGO  
STREET ADDRESS TREASURER  
CITY-ST-ZIP 1341 SANDTRAP DR  
FT. MYERS, FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME SECRETARY  
STREET ADDRESS GINA DE WOLFE  
CITY-ST-ZIP 1047 BAL ISLE DR  
FT. MYERS, FL 33917

TITLE ☐ Change ☐ Addition  
NAME COUNCIL  
STREET ADDRESS CATHERINE PEROG  
CITY-ST-ZIP 2419 WOODLAND BLVD  
FT. MYERS, FL 33907

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-01

941-543-8881

CR2E037 (10/00)