

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003243

1. Entity Name

MERCY MISSION, INC.

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90362 037 ****61.25

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

None
Suite, Apt. #, etc.
3440 TRAIL DAIRY Cir

3. Mailing Address

3440 TRAIL DAIRY Cir
Suite, Apt. #, etc.
N. Ft. MYERS

City & State

N. Ft. MYERS, FL.

City & State

FLA.

4. FEI Number

65-0916065

Applied For

Not Applicable

Zip

33917

Country

U.S.A.

Zip

33917

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 *ANN MORROW DOHERTY S.F.O.*
Street Address (P.O. Box Number is Not Acceptable)
3440 TRAIL DAIRY Cir
City *N. Ft. MYERS, FL* FL Zip Code *33917*

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

Ann Morrow Doherty

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE ☐ Delete
NAME SANTIAGO, SARAH
STREET ADDRESS 1341 SANDTRAP DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

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

TITLE ☐ Delete
NAME DE WOLFE, GINA
STREET ADDRESS 1047 BAL ISLE DRIVE
CITY-ST-ZIP FORT MYERS FL 33917

TITLE ☐ Delete
NAME PEROG, CATHERINE
STREET ADDRESS 2419 WOODLAND BLVD
CITY-ST-ZIP FORT MYERS FL 33907

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
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

CR2E037 (9/01)