


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90263 002 ****66.25

DOCUMENT # N99000003243

1. Entity Name
MERCY MISSION, INC.



Principal Place of Business
**3440 TRAIL DAIRY CIRCLE
CHURCH
NORTH FORT MYERS, FL 33903**

Mailing Address
**153 LAS PALMAS BLVD
NORTH FORT MYERS, FL 33903**

2. Principal Place of Business
153 LAS PALMAS BLVD

3. Mailing Address
153 LAS PALMAS BLVD

Suite, Apt. #, etc.

City & State
N. Ft. MYERS, FLA.

City & State
N. Ft. MYERS, FLA.

Zip
33903

Country
U.S.A.

Zip
33903

Country
U.S.A.

6. Name and Address of Current Registered Agent

ANN MORROW DOHERTY S.F.O.
3440 TRAIL DAIRY CIRCLE
N. FT. MYERS, FL 33903

03302005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0916065

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

7. Name and Address of New Registered Agent

Name
ANN MORROW DOHERTY S.F.O.

Street Address (P.O. Box Number is Not Acceptable)
153 LAS PALMAS BLVD.

City
N. Ft. MYERS

FL

Zip Code
33903

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 **Ann Morrow Doherty PRESIDENT** *[Signature]* **4-12-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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	DP DOHERTY, ANNE 153 LAS PALMAS BLVD N. FT. MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIZZARDI, JOANNE 3440 TRAIL DAIRY CIRCLE N. FT. MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTIAGO, SARAH 1341 SANDTRAP DRIVE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREEN, GERALDINE 12031 NW HARRY ST BOKEELIA, FL 33922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUDDEN, GLORIA 5491 SAN LUIS FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PEROG, CATHERINE 2419 WOODLAND BLVD FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4-12-05** **239-543-8881**

Signature and typed or printed name of signing officer or director Date Daytime Phone #