

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003243

FILED
Mar 01, 2007
Secretary of State

Entity Name: MERCY MISSION, INC.

Current Principal Place of Business:

153 LAS PALMAS BLVD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

153 LAS PALMAS BLVD
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 65-0916065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOHERTY, ANN MORROW
153 LAS PALMAS BLVD
N. FT. MYERS, FL 33903 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: DP () Delete
Name: DOHERTY, ANNE
Address: 153 LAS PALMAS BLVD
City-St-Zip: N. FT. MYERS, FL 33903

Title: DS () Delete
Name: RIZZARDI, JOANNE
Address: 3440 TRAIL DAIRY CIRCLE
City-St-Zip: N. FT. MYERS, FL 33903

Title: T () Delete
Name: SANTIAGO, SARAH
Address: 1341 SANDTRAP DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: DT () Delete
Name: GREEN, GERALDINE
Address: 12031 NW HARRY ST
City-St-Zip: BOKEELIA, FL 33922

Title: S () Delete
Name: LUDDEN, GLORIA
Address: 5491 SAN LUIS
City-St-Zip: FORT MYERS, FL 33917

Title: C () Delete
Name: PEROG, CATHERINE
Address: 2419 WOODLAND BLVD
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ANN DOHERTY

DP

03/01/2007

Electronic Signature of Signing Officer or Director

Date