2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90169 039 ****61.25

DOCUMENT # N99000003243

1. Entity Name
MERCY MISSION, INC.

Principal Place of Business	Mailing Address
3440 TRAIL DAIRY CIRCLE ~~HOREE~~ FORT MYERS FL 33917	3440 TRAIL DAIRY CIRCLE N.A. MYERS FL 33917

2. Principal Place of Business	3. Mailing Address
CHURCH	3440 TRAIL DAIRY CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. A. MYERS, FL	City & State: N. FT MYERS, FL.
Zip: 33917 Country: U.S.A	Zip: 33917 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0916065 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANN MORROW DOHERTY S.F.O. 3440 TRAIL DAIRY CIRCLE N. FT. MYERS FL 33903	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25

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 3440 TRAIL DAIRY CIRCLE N. FT. MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RIZZARDI, JOANNE 3440 TRAIL DAIRY CIRCLE N. FT. MYERS FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SANTIAGO, SARAH 1341 SANDTRAP DRIVE FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GREEN, GERALDINE 12031 NW HARRY ST BOKEELIA FL 33922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DE WOLFE, GINA 1047 BAL ISLE DRIVE FORT MYERS FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY GLORIA LUDDEN. 5491 SAN LUIS N. FT. MYERS FL. 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C PEROG, CATHERINE 2419 WOODLAND BLVD FORT MYERS FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Ann Morrow Doherty REQUIRED — 4-7-03 — 239-543-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #