

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004202

FILED
Apr 29, 2003
Secretary of State

Entity Name: THE ORTHODOX CHRISTIAN FELLOWSHIP OF MERCY, INC.

Current Principal Place of Business:

1103 SHANNON ST.
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1107
THONOSASSA, FL 33592

New Mailing Address:

FEI Number: 59-3619367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MISSING, JOHN W
1103 SHANNON ST.
PLANT CITY, FL 33566

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: PSD () Delete
Name: MISSING, JOHN W REV FR
Address: 1103 SHANNON ST
City-St-Zip: PLANT CITY, FL 33566

Title: VTD () Delete
Name: SHALHUB-DAVIS, MARY
Address: 1702 E LINDA ST
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: MILLER, ALICE
Address: 1906 E SPENCER ST
City-St-Zip: PLANT CITY, FL 33566

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: SHALHUB-DAVIS, MARY
Address: 1702 E LINDA ST
City-St-Zip: PLANT CITY, FL 33566

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

Title: VD () Change (X) Addition
Name: TETREULT, MATTHEW C
Address: 28 GLADES AVE
City-St-Zip: LAKE LAND, FL 33815

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN W. MISSING

PSD

04/29/2003

Electronic Signature of Signing Officer or Director

Date