

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90001 016 ****61.25

DOCUMENT # N99000005410

1. Entity Name

GOD'S MERCY MINISTRIES, INCORPORATED



Principal Place of Business

7780 S.W. 1ST ST.
MARGATE FL 33068

Mailing Address

7780 S.W. 1ST ST.
MARGATE FL 33068

44005033



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

MARGATE, FLA.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

MARGATE, FLA.

4. FEI Number

31-1676088

Applied For

Not Applicable

Zip 33068

Country

BROWARD

Zip 33068

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'NEIL, ROBERT REV.
7780 S.W. 1ST ST.
MARGATE FL 33068

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2004

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

TITLE D
NAME PROTO, NICHOLAS REV. ☐ Delete
STREET ADDRESS 17780 S.W. 1ST ST.
CITY-ST-ZIP MARGATE FL 33068

TITLE D
NAME O'NEIL, ROBERT REV. ☐ Delete
STREET ADDRESS 7780 S.W. 1ST ST.
CITY-ST-ZIP MARGATE FL 33068

TITLE D
NAME PROTO, BARBARA ☐ Delete
STREET ADDRESS 7780 S.W. 1ST ST.
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Nicholas J. Proto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Date

954 721-1322

Daytime Phone #