


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90017 015 \*\*\*\*61.25

<b>DOCUMENT # N99000005410</b>	
1. Entity Name <b>GOD'S MERCY MINISTRIES, INCORPORATED</b>	

Principal Place of Business <b>7780 S.W. 1ST ST. MARGATE FL 33068</b>	Mailing Address <b>7780 S.W. 1ST ST. MARGATE FL 33068</b>
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2. Principal Place of Business <b>7780 S.W. 1 ST</b>	3. Mailing Address <b>7780 S.W. 1 ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State <b>MARGATE, FL.</b>	City & State <b>MARGATE, FL.</b>	4. FEI Number <b>31-1676088</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33068</b>	Country <b>BROWARD</b>	Zip <b>33068</b>	Country <b>BROWARD</b>

6. Name and Address of Current Registered Agent <b>O'NEIL, ROBERT REV. 7780 S.W. 1ST ST. MARGATE FL 33068</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 Rev. Robert O'Neil DATE 1-20-05

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PROTO, NICHOLAS REV. 17780 S.W. 1ST ST. MARGATE FL 33068</b> <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	<b>D O'NEIL, ROBERT REV. 7780 S.W. 1ST ST. MARGATE FL 33068</b> <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	<b>D PROTO, BARBARA 7780 S.W. 1ST ST. MARGATE FL 33068</b> <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	<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	<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	<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: Rev. Nicholas J. Proto DATE 1-20-05 DAYTIME PHONE # 954 721-1327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR