

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

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
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2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SAME	City & State SAME
Zip SAME	Country SAME



1st MOORE CR2E037 (10/05)

4. FEI Number **31-1676088** ☐ Applied For
☐ Not Applicable

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
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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, 2006

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 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete PROTO, NICHOLAS REV. 17780 S.W. 1ST ST. MARGATE FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete O'NEIL, ROBERT REV. 7780 S.W. 1ST ST. MARGATE FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete PROTO, BARBARA 7780 S.W. 1ST ST. MARGATE FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add 000000406823 02/07/06-80106-003 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** **REV NICHOLAS J. PROTO 1-28-06 954-72**