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

DOCUMENT # N9900005410

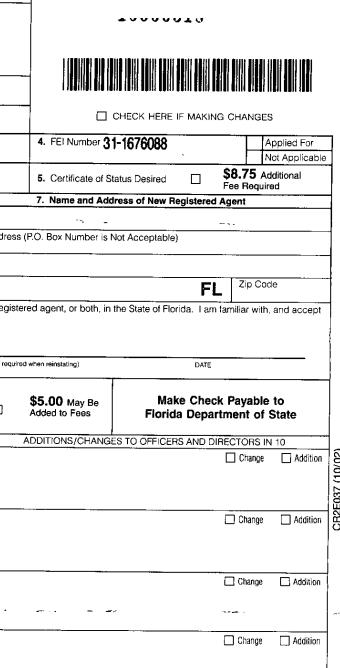
1. Entity Name

GOD'S MERCY MINISTRIES, INCORPORATED



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90061 035 ****61.25



Principal Place of Business Mailing Address 7780 S.W. 1ST ST. 7780 S.W. 1ST ST. MARGATE FL 33068 MARGATE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name O'NEIL, ROBERT REV. Street Address (P.O. Box Number is Not Acceptable) 7780 S.W. 1ST ST. MARGATE FL 33068 City 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE PROTO, NICHOLAS REV. NAME NAME 17780 S.W. 1ST ST. STREET ADDRESS. STREET ADDRESS MARGATE FL 33068 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE O'NEIL ROBERT REV. NAME NAME 7780 S.W. 1ST ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE FL 33068 CITY-ST-ZIP TITLE ☐ Delete PROTO, BARBARA NAME NAME 7780.S.W. 1ST ST. STREET ADDRESS STREET ADDRESS MARGATE FL 33068 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE 7

1-4-03