
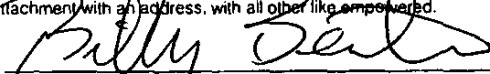


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90226 025 ****61.25

DOCUMENT # N99000006512					
1. Entity Name MERCY HOUSE MINISTRIES, INC.					
Principal Place of Business 3910 LAKE ALFRED RD WINTER HAVEN FL 33881			Mailing Address PO BOX 29 LAKE ALFRED FL 33850		
2. Principal Place of Business 807 RIFLERANGE ROAD.			3. Mailing Address		
Subject Apt. #, etc. WANNETA, FL			Suite, Apt. #, etc.		
City & State			City & State		
Zip 33880	Country FL	Zip	Country	4. FEI Number 59-3604940	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENTON, BILLY D 425 POMELO ST LAKE ALFRED FL 33850				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	BENTON, BILLY D	1541 Holly Rd			
STREET ADDRESS	425 POMELO ST	LAKE ALFRED FL 33850 Lakeland, FL 33801			
CITY - ST - ZIP	LAKE ALFRED FL 33850	Lakeland, FL 33801			
TITLE	D	<input type="checkbox"/> Delete			
NAME	BENTON, PAMELA J	1541 Holly Rd			
STREET ADDRESS	425 POMELO ST	LAKE ALFRED FL 33850 Lakeland, FL 33801			
CITY - ST - ZIP	LAKE ALFRED FL 33850	Lakeland, FL 33801			
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	BAILEY, DOUGLAS V SR	5005 DORMAN RD			
STREET ADDRESS	5005 DORMAN RD	LAKELAND FL 33813			
CITY - ST - ZIP	LAKELAND FL 33813				
TITLE	D	<input type="checkbox"/> Delete			
NAME	Sharon C. Fussell	3915 Ave R, N.W.			
STREET ADDRESS	3915 Ave R, N.W.	Winter Haven, FL 33881			
CITY - ST - ZIP	Winter Haven, FL 33881				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-27-04 863-875-0707 Daytime Phone #					