

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90040 041 \*\*\*158.75

40103160



09022006 Chg-P CR2E034 (11/05)

<b>DOCUMENT: # P05000087845</b> 1. Entity Name THE CENTER FOR MERCY AND HOPE, INC.					
Principal Place of Business 100 ORCHID SPRINGS DRIVE B WINTER HAVEN, FL 33884			Mailing Address PO BOX 1054 WINTER HAVEN, FL 33882		
2. Principal Place of Business 669 AVE B NW B Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 270120726 Applied For Not Applicable	
City & State Winter Haven FL		City & State			
Zip 33881	Country USA	Zip	Country		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STANLEY, KIMBERLY D 100 ORCHID SPRINGS DRIVE B WINTER HAVEN, FL, FL 33884	
7. Name and Address of New Registered Agent Name: Stanley, Kimberly D Street Address (P.O. Box Number is Not Acceptable): 669 AVE B NW B City: Winter Haven FL Zip Code: 33881					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANLEY, KIMBERLY D 100B ORCHID SPRINGS DRIVE WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 669 AVE B NW B Winter Haven FL 33881	
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	
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 exemptions contained in Chapter 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 607, 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: <u>Kimberly D Stanley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

**ATTACHMENT**  
**40103160**  
**Division of Corporations**

**Annual Report**

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Document Number	P05000087845
Business Entity Name	THE CENTER FOR MERCY AND HOPE , INC.
Prior notice was	Not Received
FEI Number	270120726
FEI Number Status	
Certificate of Status Desired	Yes
Election Campaign Financing Trust Fund Contribution	No

**Principal Place of Business**

Address	669 AVE B NW
Suite, Apt. #, etc.	B
City, State	WINTER HAVEN, FL
Zip Code & Country	33881

**Mailing Address**

Address	PO BOX 1054
Suite, Apt. #, etc.	
City, State	WINTER HAVEN, FL
Zip Code & Country	33882

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)	STANLEY, KIMBERLY , D
Address	669 AVE B NW
Suite, Apt. #, etc.	B
City, State	WINTER HAVEN, FL, FL
Zip Code & Country	33881 US
Registered Agent Signature	KIMBERLY D STANLEY

**Officer/Director Name and Address**

Title	P
Name (Last, First, Middle, Title)	STANLEY, KIMBERLY , D

Division of Corporations

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**ATTACHMENT**

**Street Address**

669 AVE B NW

**City, State**

WINTER HAVEN, FL

**Zip Code & Country**

33881

40103160  
# P05000087845

**Title**

OWNE

**Officer/Director Signature**

KIMBERLY D STANLEY

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