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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000009031 (4)**

1. Corporation Name
ANGELS OF MERCY, INCORPORATED

Principal Place of Business	Mailing Address
902 21ST AVE. WEST PALMETTO FL 34221 US	902 21ST AVE. WEST PALMETTO FL 34221-4248 US

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business
21: 2645 ASPEN COURT
Suite, Apt #, etc. 22:
City & State 23: PALM HARBOR, FL.
Zip 24: 34684-1947 Country 25: USA

2a. Mailing Address
26: 2645 ASPEN COURT
Suite, Apt #, etc. 27:
City & State 28: PALM HARBOR, FL.
Zip 29: 34684-1947 Country 30: USA

4. FEI Number: 65-0457943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
NICHOLIS, THEOPHILOS E
902 21ST AVE. WEST
PALMETTO FL 34221

10. Name and Address of New Registered Agent
81 Name: NICHOLIS, THEOPHILOS E.M.
82 Street Address (P.O. Box Number is Not Acceptable): 2645 ASPEN COURT
83:
84 City: PALM HARBOR FL 85 Zip Code: 34684-1947

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Theophilos E.M. Nicholis — DATE: April 8, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPCS ☐ DELETE	1.1 TITLE	DPCS ☒ Change ☐ Addition
NAME	NICHOLIS, THEOPHILOS E	1.2 NAME	NICHOLIS, THEOPHILOS E.M.
STREET ADDRESS	902 21ST AVE. WEST	1.3 STREET ADDRESS	2645 ASPEN COURT
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684-1947
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Theophilos E.M. Nicholis — April 8, 1997 — (813) 772-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #