


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007728 1. Entity Name MERCY OUTREACH MINISTRIES, INC.	
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FILED
 04 OCT 15 AM 11:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 2220 NW 51 AVE LAUDERHILL, FL 33313	Mailing Address 1876 UNIVERSITY DR 101 H PLANTATION, FL 33322
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2. Principal Place of Business 4767 NW 24 CT. LAUDERDALE LAKES, FL City & State	3. Mailing Address First Sunset Strip SAME Sunrise, FL City & State	09132004 Chg-NP CR2E037 (10/03)
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4. FEI Number 47-0894128	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOCKERD, WITCLIFFE 2220 NW 51 AVE LAUDERHILL, FL 33313	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Filing Fee is \$61.25 Due by September 8, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D LOCKERD, WITCLIFFE 2220 NW 51 AVE LAUDERHILL, FL 33313	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600041909916 10/15/04--01104--014 **70.00
TITLE	D LOCKERD, CAROLYN 2220 NW 51 AVE LAUDERHILL, FL 33313	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D NEWMAN, SHARON 8117 NW 71 AVE TAMARAC, FL 33321	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D HYMAN, RHONA 4490 NW 43 ST LAUDERDALE LAKES, FL 33319	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Witcliffe Lockerd WITCLIFFE LOCKERD Date: 9/15/04 Daytime Phone #: 954-298-2331