

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001169

Entity Name: ANGELS OF MERCY, INC.**Current Principal Place of Business:**1330 MILLHOLLAND ST.
CLERMONT, FL 34711**Current Mailing Address:**1330 MILLHOLLAND ST.
CLERMONT, FL 34711 US**FEI Number:** 59-3574623**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LITTLE, RITA REG AGE
8835 VILLAGE GREEN BLVD.
CLERMONT, FL 34711 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES
Name TOZZI, KATHLEEN M PRESIDENT.
Address 8740 VILLAGE GREEN BLVD
City-State-Zip: CLERMONT FL 34711

Title SEC
Name GAUDET, EILEEN M.
Address 14827 SPRUCE PINE LANE
City-State-Zip: CLERMONT FL 34711

Title TREA
Name HILL, VELORES V
Address 4459 HARTS COVE WAY
City-State-Zip: CLERMONT FL 34711

Title VICE
Name ALBERTSON, MARTI JR.
Address 2296 TWICKINGHAM COURT
City-State-Zip: CLERMONT FL 34711

Title DIR
Name DANIELS, MICHAEL B
Address 11132 ROSE HILL RD
City-State-Zip: CLERMONT FL 34711

Title DIR
Name GAUDET, EILEEN M SECRETARY
Address 14827 SPRUCE PINE LANE
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name GAUDET, ALVIN
Address 14827 SPRUCE PINE LANE
City-State-Zip: CLERMONT FL 34711

Title CHAIRMAN BOARD OF DIRECTORS
Name DANIELS, PAUL C CHAIRMAN
Address 9034 VILLAGE GREEN BLVD
City-State-Zip: CLERMONT FL 34711

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN M. TOZZI**PRESIDENT****02/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	BOARD MEMBER
Name	CLARK, MARTHA BOARD MEMBER
Address	4144 KINGSLEY STREET
City-State-Zip:	CLERMONT FL 34711