

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northern Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36364 (8)

1. Corporation Name: **MERCY OUTREACH MINISTRY INTERNATIONAL, INC.**

Principal Place of Business 11705 BISHOP'S CONTENT MITCHELLVILLE MD 20721	Mailing Address 11705 BISHOP'S CONTENT MITCHELLVILLE MD 20721
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/1991	3a. Date of Last Report 10/28/1994
4. FEI Number 52-1672048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DORCIEN, PIERRE REV.
4229 PARKLANE
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORCIEN, PIERRE REV.	1.2 NAME	
STREET ADDRESS	4229 PARKLANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33406	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, JOSEPH REV.	2.2 NAME	
STREET ADDRESS	RTE. 13, BOX 768-12	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL 32055	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JUDY A DR.	3.2 NAME	
STREET ADDRESS	11705 BISHOP'S CONTENT	3.3 STREET ADDRESS	
CITY - ST - ZIP	MITCHELLVILLE MD 20721	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, EDWARD G M.D.	4.2 NAME	
STREET ADDRESS	11705 BISHOP'S CONTENT	4.3 STREET ADDRESS	
CITY - ST - ZIP	MITCHELLVILLE MD 20721	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 recipient or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an addendum.

SIGNATURE: Judy Ann Fisher Date: 4/15/95 (301) 390-0024
Signature and Title or Print Name of Signing Officer or Director
 Per: Dr. Judy Ann Fisher Fax: (301) 390-4314