

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214513271

1.) CORPORATION NAME:

**MERCY SHIPS**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC  
7288 HANOVER GREEN DR  
MECHANICSVILLE, VA**

SCC ID NO: **F1857335**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TX**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15862 HWY 110 N.  
PO BOX 2020

CITY/ST/ZIP: LINDALE, TX 75771

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	PETER B. SCHULZE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	17731 HIGHWAY 110 N.		
CITY/ST/ZIP/CO:	LINDALE, TX 75771		

NAME:	DON STEPHENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	17483 CR 4174 W		
CITY/ST/ZIP/CO:	LINDALE, TX 75771		

NAME:	KERRY PETERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O. BOX 2020		
CITY/ST/ZIP/CO:	LINDALE, TX 75771		

NAME:	AC MUSGRAVE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2929 STOREY LANE		
CITY/ST/ZIP/CO:	DALLAS, TX 75220		

NAME:	LELAND PARIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 4600		
CITY/ST/ZIP/CO:	TYLER, TX 75712		

NAME:	Gary Brandenburg	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9330 N Central Expressway		
CITY/ST/ZIP/CO:	Dallas, TX 75231		

NAME:                    ronald L. Goode, PhD. TITLE:                    DIRECTOR ADDRESS:                3701 Craigmont Ave. CITY/ST/ZIP/CO:       Dallas, TX 75205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                    William S. Kanga TITLE:                    DIRECTOR ADDRESS:                5 Times Square CITY/ST/ZIP/CO:       New York, NY 10036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                    Robert Waldrop TITLE:                    DIRECTOR ADDRESS:                3096 CR 4923 CITY/ST/ZIP/CO:       Ben Wheeler, TX 75754	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                    Michael Allen TITLE:                    DIRECTOR ADDRESS:                3805 Old Bullard Rd. CITY/ST/ZIP/CO:       Tyler, TX 75701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KERRY PETERSON	KERRY PETERSON, SECRETARY	3/12/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		