

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 16, 2009
Secretary of State**

DOCUMENT# N04000003184

Entity Name: CHILDREN OF MARY MOTHER OF THE DIVINE MERCY, INC.**Current Principal Place of Business:**14540 SW 38 ST
MIRAMAR, FL 33027**New Principal Place of Business:****Current Mailing Address:**14540 SW 38 ST
MIRAMAR, FL 33027**New Mailing Address:****FEI Number:** 61-1469481**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SILVERA, ALBERTE
14540 SW 38 ST
MIRAMAR, FL 33027 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:**Title: PR () Delete
Name: SILVERA, ALBERTE S
Address: 14540 SW 38 ST
City-St-Zip: MIRAMAR, FL 33027Title: VP 1 () Delete
Name: DOMINIQUE, MARGARETH
Address: 1 RUE RIGAUD
City-St-Zip: PETION-VILLE,, W HAITI WITitle: VP 2 () Delete
Name: OSSELYN, MARIE H
Address: 1452 CASINO CIRCLE
City-St-Zip: SILVER SPRING, MD 20906Title: TR () Delete
Name: BARREAU, MONIQUE
Address: 940 NW 96TH AVE.
City-St-Zip: PLANTATION, FL 33324Title: SEC () Delete
Name: HERMANTIN, EVELYNE
Address: 11350 NW 4TH CT
City-St-Zip: PLANTATION, FL 33325Title: SEC () Delete
Name: LELIO-JOSEPH, GLADYS
Address: 7401 NW 16TH ST. #401A
City-St-Zip: PLANTATION, FL 33313**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TR (X) Change () Addition
Name: BARRAU, MONIQUE
Address: 940 NW 96TH AVE.
City-St-Zip: PLANTATION, FL 33324Title: A TR (X) Change () Addition
Name: HERMANTIN, EVELYNE
Address: 11350 NW 4TH CT
City-St-Zip: PLANTATION, FL 33325Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERTE SILVERA

PR

03/16/2009

Electronic Signature of Signing Officer or Director_____
Date